

CHEMIST & DRUGGIST

The newswweekly for pharmacy

a Benn publication

December 11 1982

Pharmacists
gloomy about
trade prospects

Nielsen show
NHS share
continues
upwards

Proposals to
tighten up
bargain offer
legislation

Advances in
therapy 1982
— C&D survey

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COMMENT

Profits of doom

Retail pharmacists are gloomy about prospects for business in the New Year or at least the respondents to the C&D pharmacy survey are (see p1042). Their immediate bedfellows in the High Street are hardware merchants, who share their depression, while the cheerful charlies sell sportswear, building materials and furniture (possible room for diversification here?).

Perhaps maintenance of the *status quo* rather than "gloom" is the true consensus, however, because "no change" is the forecast of around 50 per cent of our pharmacists, whether they are talking about stock levels, turnover, profits, performance or indeed, optimism.

The survey sample was representative of the spread of pharmacy businesses and ranged from the one-man shop, group of up-to half a dozen, to chains of 20 or more. And the response suggests that increase in profit next year will be commensurate with size. "Bigger" means more "bounty," perhaps? Or does it mean simply that only the larger concerns produce business forecasts on a regular basis and so can be more confident of their ability to perform in what will certainly be an even-more competitive 1983.

The Nielsen tables (p1044 and p1048) show how competitive the real world is. Sales of the 39 product categories sold OTC in pharmacies have dropped 1 per cent in volume for September / October, year on year, while turnover generated is up by less than the current level of inflation, at plus 6 per cent. In fact the situation has improved from July / August of last year when unit sales were 9 per cent down on 1980 — in 1982 there was a 1 per cent upturn on that trough.

Pharmacies have continued to lose out to drug stores which have steadily put on turnover and unit sales (although at no great rate) and this may have slowed recently. As for the "bigger boys" in the pharmacy world, their share has remained

relatively constant at around 15 per cent of the OTC cake compared with the independents' 65 per cent and the drug stores' 20 per cent.

The New Year resolution of pharmacists in pharmacies great and small must be: "I will hang on to my market share" — at the expense of the drug stores, of course! They will also want to decrease their dependence on NHS business which remains at the mercy of the Government despite the good intentions of the Pharmaceutical Services Negotiating Committee.

It is salutary to recall that just over a decade ago — in 1970 — the NHS share was 41 per cent. And pharmacists were then so frightened by the climb from under 30 per cent in 1957 that they were being called to arms to defend their counter turnover through the formation of a voluntary trading organisation.

Now we have not one, but several VTOs, each doing an excellent job for community pharmacy. The NHS share has nevertheless moved relentlessly upwards to stand at well over 67 per cent during the past Summer, according to Nielsen. Whether this be a peak or a plateau, it is still too high to assure the survival of the High Street pharmaceutical service and we must hope that the increase in the number of pharmacy openings presages better times ahead than are forecast in our own survey.

Pharmacist fallacy: "Ask your pharmacist — you'll get the right answer" is the ill-fated slogan produced by the National Pharmaceutical Association, attacked by our profession, and now "probably to be modified" by the NPA.

I think the decision to rewrite is a shame. I have no objection to anything which will encourage patients to try other people before coming in to see me. The theoretical risk that a dangerous case may be missed hardly bothers me; we are not perfect.

Given that 90 per cent of patients seeking advice are told to consult their GP anyway, what game are we playing, health care or professional demarcation? (Dr John Williamson in *Doctor*, December 2.)

Bargain Offers Order to be scrapped

The existing Price Marking (Bargain Offers) Order is to be repealed and replaced with new legislation. The new order, issued in draft form as a consultative document this week, aims to define more precisely those price comparisons which come within the scope of the order, and to clarify the definition of a recommended retail price.

The proposed order would apply only to price or value claims where the trader quotes a comparative price or value, or which provide information from which such a comparative price may be calculated. The original order controlled all price comparisons, however framed, and whether express or implied. This had led to some doubt whether certain price or value claims containing no comparative prices were subject to the order.

Definitions

The definition of a recommended retail price is tightened in the draft order to make it clear that a retailer may only compare his selling price to an RRP where a trader has recommended that RRP to all those he has supplied with the relevant goods. This change is designed to control the use of artificial recommended prices which are quoted to only a few of the

outlets involved. It should be noted that this provision applies not only to prices recommended by manufacturers, but also to prices suggested by wholesalers, distributors, or other middlemen.

Where a free gift is given away in connection with goods sold, and the value of this gift is stated by the trader, this will only be permitted where the trader in question, or another identified trader had sold similar items at the stated price. This differs from the existing law in that gifts obtained after the original sale, for example by means of vouchers, would come within the provisions of the order.

Copies of the consultative document are available from Mr J.C. Brown, *Consumer Affairs Division, Department of Trade, Millbank Tower, Millbank, London SW1P 4QU*, to whom comments on the draft order should be sent by March 2, 1983.

Doctor suspended over Diconal scripts

A doctor who said he might have written up to 10,000 private prescriptions in a year was on Monday ordered to be suspended immediately from practice.

Dr Sayed Ali Khan, 52, the first Asian councillor in Uxbridge, Middlesex, where he practised had been found guilty of serious professional misconduct by the professional conduct committee of the General Medical Council. Committee chairman Sir Gordon Wolstenholme said that for the protection of the public, his suspension should be immediate. Dr Khan is considering an appeal to the Privy Council's judicial committee.

The committee had heard that three of his patients had died after injecting themselves with a solution made from the Diconal he had prescribed and there had been no real drug addiction problem until 1981, the year he wrote up to 10,000 private prescriptions.

Dr Ali Khan of Harefield Road,

Uxbridge, received £10 per consulting fee but he denied it had earned him £100,000. In 1981, the committee heard, three pharmacies in the area made up prescriptions which would have brought him £60,000. Some of the patients were said to be "drug pushers".

Mr James Watt, for the doctor, said he had always taken the initiative to curb the availability of Diconal. "His object was to remove patients from their dependency on heroin so that in the long term their dependency might become a thing of the past," he said.

In March, 1980, the doctor approached the local area health authority about the need to set up a centre for drug users, but there was no reaction, so he decided to set up his private clinic. His normal fee for private patients was £20, but patients were assessed on their means and would pay £10, £5, or nothing at all. Takings varied between £10 and £320 a day. He retained between £100 and £200 a week expenses, and put the rest into the bank.

He and his wife belonged to a religious group and decided to use the money to

benefit patients. The surgeries were refitted, a new surgery was opened and another extended, in the hope of using it as a hostel for the homeless.

The number of patients wanting Diconal increased as word got round, but in January he decided to take no new patients. He believed that he had been tricked by patients who said they did not have a general practitioner, or were not being prescribed drugs from elsewhere. He now insisted patients went to his surgery after producing a letter from their own doctors.

Witnesses included a local probation officer, Mr Patrick Wilson, who said he had found the doctor's help useful in a number of cases involving addicts.

Dipipanone licence?

Doctors prescribing dipipanone for addicts will have to be licensed by the Home Office in the same way as those prescribing heroin and cocaine, if recommendations from the Advisory Council on the Misuse of Drugs are adopted. The Pharmaceutical Society has raised no objection to the proposal. However its use in organic disease or injury would be unaffected.

In its latest report — Treatment and rehabilitation — the Council records the "substantial" increase in the misuse of drugs in the past few years, and reviews and makes recommendations on rehabilitation and treatment services. The number of registered addicts receiving opioids from general practitioners increased from 1,549 in 1971 to 3,844 in 1981, but actual figures may be as high as 20,000 the report suggests.

Mr Norman Fowler, Minister for Social Services, announced last week that £2m is being made available next year to help local authorities develop their drug treatment facilities.

Recommendations in the report include the establishment of drug advisory committees — which would include a pharmacist in each health district, and restrictions on the prescribing of Controlled Drugs.

The restriction on the ability to prescribe dipipanone should be introduced as "a matter of urgency," the report says, and "there is evidence that other opioid drugs are being prescribed injudiciously."

Mr Fowler accepted the Council's view that the main responsibility for treatment of addicts should remain at local level. Regarding prescribing safeguards, he said, the role of doctors in the treatment of drug misuse, and prescribing patterns, would be looked at in detail. A meeting with doctors is planned for the New Year.

Regulations to control pharmacy standards likely

The Pharmaceutical Society is to press the Department of Health to frame Regulations controlling the standards of pharmacies. The Regulations would be made under Section 66 of the Medicines Act 1968, on the lines of five general principles set out by the Society's Legislation Committee.

The principles are that the premises should be suitable for dispensing to be carried out; that there should be an adequate range of equipment; that all personnel should be adequately trained and supervised; that storage facilities should be suitable; and that reasonable cleanliness and hygiene precautions should be taken against the risk of contamination of all kinds.

In making its recommendation to this month's Council meeting, the Legislation Committee noted that in informal discussions the Department of Health had on several occasions indicated it would be acceptable to draw up regulations in

general terms to be used in conjunction with a guide to good dispensing practice.

The point had been raised in the Committee that any approach to the Department should be on the grounds of protection of the public, and the Committee considered whether the approach should relate only to pharmacies, to all premises where dispensing takes place, or to all premises where medicines are sold, supplied, dispensed or stored. The Committee accepted that the Act was for the protection of the public and that it was therefore logically sound to press for regulations to apply to all premises, but it was felt that such an approach was unlikely to be fruitful. It was argued that the Society should concern itself with standards prevailing in community pharmacies and not with the standards prevailing in premises operated by other professions or otherwise.

The Committee therefore recommended, and Council agreed, that the approach to the Department should be that, in principle, the regulations should apply to all premises, but that in particular the Society would wish for regulations relating to pharmacies to be implemented as soon as possible.

"The Home Accident Surveillance System 1981 — presentation of 12 months' data" (free from Consumer Safety Unit, Department of Trade, Millbank Tower, London SW1).

More accidents from stairs than drugs

Stairs, worn carpets and kitchen utensils caused more home accidents than medicinal products last year, according to statistics published this week.

The fifth report of the Home Accident Surveillance System notes that medicinal products accounted for 1,574 home accident cases treated at the 20 hospitals taking part in the survey during 1981. Stairs and steps were implicated in 9,853 accidents, doors in 4,500, carpets in 2,808, domestic knives in 2,152 and tins / tin openers in 2,117. A total of 87,900 accidents were recorded, 43 per cent in children under 15 and nearly 30 per cent in children under 5.

Further statistics from the Department of Trade's safety research section, not published in the report, are that 1,410 of the accidents involving medicinal products occurred in children up to four years old. In 1980 there were 76,245 home accidents recorded by 20 hospitals, 987 resulting from medicinal products of which 803 involved children up to four. However, no direct comparisons can be made between each year's figures because 10 of the hospitals in the sample change every 12 months; in 1981 a children's hospital took part whereas no children's hospital was involved in 1980.

The medicinal products implicated in 1981 were creams (158), cough mixture (132), liquids (197), analgesics (222), oral contraceptives (124), hypnotics etc, (147), vitamins (101), "pills" (427), and other products (66). The report mentions two case histories of babies being given surgical spirit in mistake for gripe water.

Oral spray safe

A dose of Nitrolingual spray aimed at a lit match results in a "sheet of flame," according to a letter in last week's *Lancet*. Michael Bamber, of Dundee Royal Infirmary, asks whether such a preparation should be used by patients who might be holding a lighted cigarette.

Mr T. Brown, technical director of Lipha Pharmaceuticals Ltd, told *C&D* that the company "feels the description of a sheet of flame is a gross exaggeration." Tests have shown that there is only "a momentary flare on the far side of the match" when a dose of spray is aimed at a lit match. Mr Brown said that the spray failed to ignite a glowing cigarette, even after 12 attempts. These tests confirm work done previously when testing the spray.

□ Rona Laboratories Ltd, (who market Nitrolingual) have been taken over by Lipha Pharmaceuticals Ltd. But Rona products will continue to be sold under the Rona brand name until the process is complete, possibly by the middle of 1983.

ASTMS ballot on pay complete

The Association of Scientific, Technical and Managerial Staff has now completed the ballot of its members (including hospital pharmacists) to determine whether or not they wish to accept the

improved pay offer. (*C&D* November 20, p920).

The ballot papers will be counted just prior to a meeting of the national executive of ASTMS on December 11. The decision of the ASTMS executive will be considered along with those of the other health service unions at a meeting of the TUC health services committee on December 15.

'Advertising' appeal goes to High Court

Retail chemists Lewis & Jeffreys of Hoddesdon, Herts, began an action in the High Court last week seeking to quash a reprimand order made by the Statutory Committee of the Pharmaceutical Society of Great Britain.

The company, its superintendent pharmacist Mr Laurence Berg, and pharmacist Mr Bernard Brandon, were censured by the Committee last March over advertising features about the company shop at Potters Bar, Herts. The Committee found them all guilty over the wording of the features which appeared in the *Potters Bar Press* and the *Barnet Press* in June last year.

Mr John Peppitt QC, for the company and the two pharmacists, said the complaints arose because of mentions of the company's pharmaceutical and chemist services in the article.

He said the article, written by a newspaper reporter, had been altered by the company before it was sent to press. It was the newspaper that was at fault for printing the uncorrected text. The Committee had been wrong to reprimand the company and the two pharmacists for something they had taken all possible steps to prevent.

Mr Robert Webb, for the Society, said the Committee considered the articles clear cases of misconduct. Judgment is to be reserved.

Big November rise in pharmacy numbers

Yet another jump in pharmacy openings in November puts the number of premises on the Register up to 10,814, a figure not seen since 1977.

With 58 shops opening up and 21 closing down, there were 37 pharmacies added to the Register — the largest single monthly increase since last November.

In England 46 shops opened up (seven in London) and 20 closed (one in London). In Wales three pharmacies opened and one closed while in Scotland there were nine openings and no closures.

■ Mr Jack Ashley will seek leave in the Commons next week to bring in a private member's Bill to provide for the imposition of strict liability for compensation on the manufacturers of medical drugs, regardless of negligence.

A happy 1983 — profit or loss? C&D checks up

Most pharmacists operating one shop businesses expect no increase in profits next year. More than a third of them think profits will fall. Companies with chains of 20 or more chemist's shops are more optimistic, however. All the bigger groups questioned in a *C&D* survey forecast that they will make more money in 1983.

Overall, however, the survey showed that the retail pharmaceutical trade is less content with its performance in 1982 than retailers in general and more pessimistic about the next 12 months. The survey was carried out for *C&D* in October by the Benn Business Research Department. Questionnaires were sent to 40 pharmacy businesses and to 40 companies in each of seven other retail sectors. A total of 176 companies replied with a response rate among pharmacies of 73 per cent.

The picture that emerged shows that pharmacists share their gloomy view of the immediate future with the owners of hardware stores. Sports shops are more hopeful, though not so cheerful as builders merchants and furniture retailers. Leathergoods stores are uncertain that the

weather next year will be as kind to them as it was in 1982. Surprisingly, perhaps, just over half the respondents reported an improvement in their business performance this year — although that is not necessarily the same thing as having a good year.

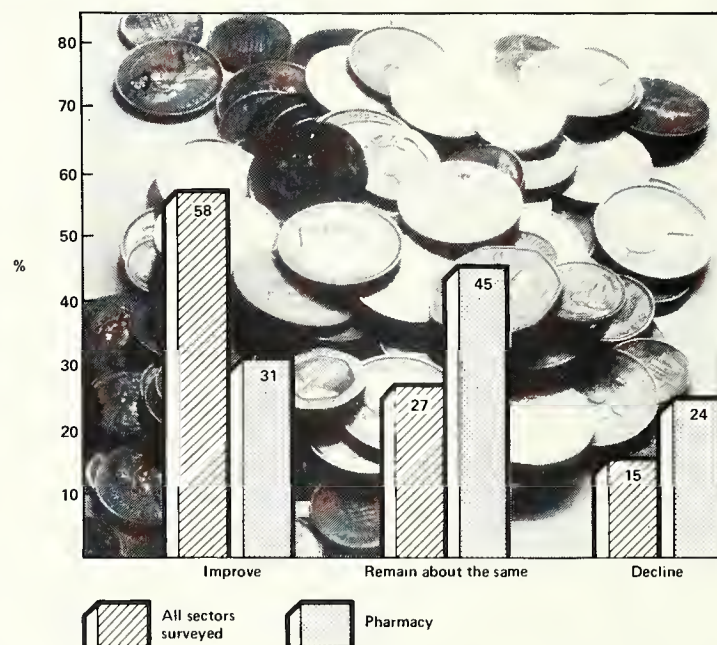
The pattern in pharmacy, however, is bleak. Only 30 per cent of the chemists who answered our questionnaire thought their business performance was better this year — a lower proportion than in any other sector. A quarter described business as "not as good."

"There's too wide an inventory needed to maintain trade," said a chemist in Dorset who reported a three per cent fall off in business. "Tighter money brought reduced spending."

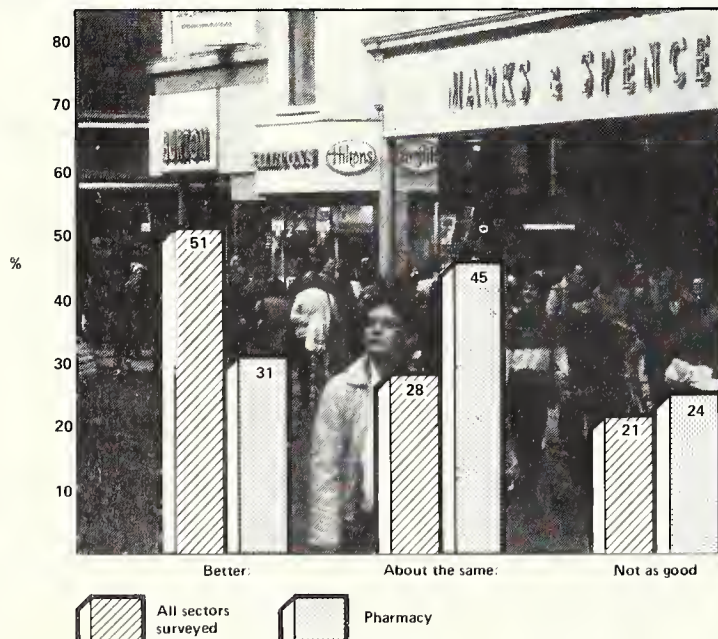
And a shop in Essex, reporting an increase in turnover for the year (excluding NHS) of 5.4 per cent, said: "Average sales are less, though customer numbers are still the same, and the inflation percentage is not being met." The proprietor is an optimist, however. "Interest rates are now nearly as low as one can envisage, so there are prospects of more investment," he added.

The biggest proportion of chemists think their 1982 performance will prove about the same as in 1981. As one managing director in the potteries said, "The turnover has been slightly up on the previous year, but taking into higher overheads, its profitability has remained the same."

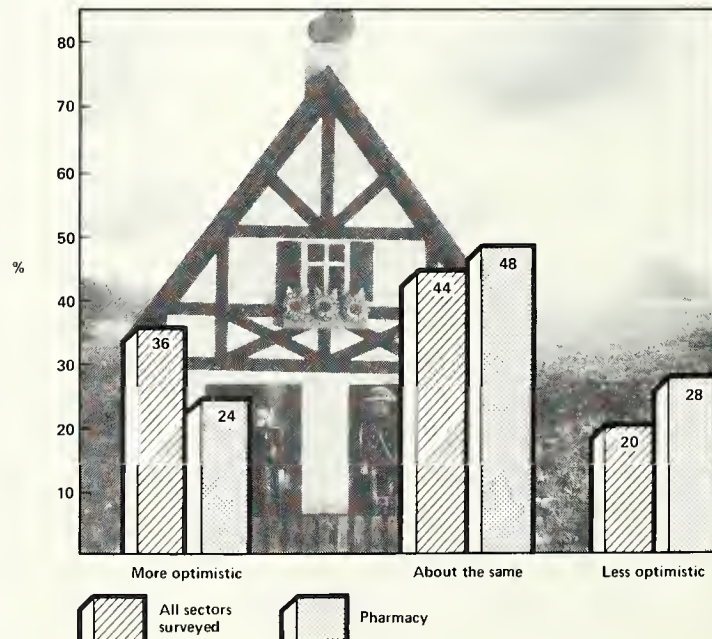
Nearly six out of every ten retailers



How do you expect your company's profits to change in 1983 compared with 1982?



Overall, how would you say your business performance in 1982 compared with last year?



Are you more or less optimistic than you were three months ago about the business outlook for your own sector of trade in 1983?

questioned are hoping for an increase in profits in 1983, but only three out of ten pharmacists share that optimism. About a quarter of the pharmacists we contacted think profits will fall.

Political and economic developments since the middle of the year left 28 per cent of the chemists less optimistic about pharmacy prospects for 1983 than they were three months before the survey. But about half said their hopes for next year did not change.

Pessimism

"I see no cause for optimism in retail business generally," said a pharmacist in South Wales. "The trend of economic pressures on smaller businesses is bound to continue and will cause further closures." And about pharmacy, he said "I am not optimistic at all." "I think that smaller pharmacies will continue to decline in number and that the counter business will become increasingly concentrated into fewer shops, larger outlets — mainly company shops."

A colleague from North Wales commented: "The convenience of one-stop shopping will have an increasing attraction, and the specialist retailers will become less viable." A Hull chemist said: "We have probably reached the bottom of the recessionary pit, but in spite of increased NHS charges, medicine prices are so high that there is no increase in OTC sales."

Some 30 per cent of pharmacies are likely to be carrying increased stocks next year, but they are less likely than the retail trade in general to be moving into new product areas. About a fifth of chemists expect stock levels to fall. Medicines and health products were most frequently mentioned as areas likely to increase in 1983. Electrical goods, baby products, confectionery, even stationery, were also mentioned.

"We're increasing in areas not at present covered — in other words, a

search for new sources of money — diversification," said a Scots pharmacist. Luxury goods, especially expensive toiletries and cosmetics, were named by 65 per cent of respondents as areas likely to fall.

All but a very small proportion of chemists expect turnover to rise next year, but more modestly than the expectations of most other retailers. On prices, the pattern is fairly uniform, just over six out of ten chemists, the same number as for retailing generally, think their prices to customers will go up between 5 per cent — in line with the Treasury forecast for inflation — and 9 per cent. Most of the remainder think the rise will be lower.

Where chemists differ from other shopkeepers is in their forecasts of the prices they will pay to suppliers. More than 80 per cent of chemists expect trade prices to rise by 5 per cent or more, and 14 per cent think the figure will be more than 10 per cent. The comparable figures for all the retail sectors surveyed were 71 per cent and 6 per cent.

No extra staff in '83

There were fewer changes in staffing levels in pharmacies this year than in most types of store, but the gloom in the chemist's shop is emphasised by forecasts for 1983. Not a single pharmacist in our survey anticipates increasing staff next year, and a quarter of them expect numbers to drop. That compares with only 14 per cent over the survey as a whole. Most pharmacists expect to be paying wage increases of between 4 and 6 per cent.

Not surprisingly, the recurrent theme running throughout the survey was the helplessness of retailers in the face of economic forces and Government actions beyond their control. So we asked respondents what action they would like the Government to take to benefit their business in 1983. "Total withdrawal of the NHS from the party political arena," said the proprietor of a small chain in the



Courtesy of Apeils Contracts Ltd

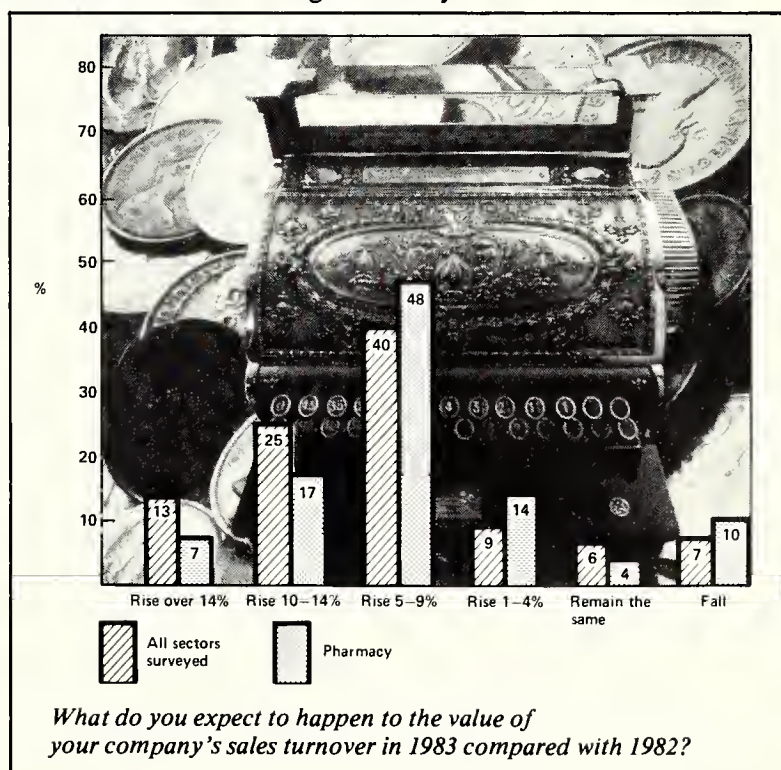
south-west. "Total withdrawal of the present cabinet from the political arena." Another man wanted dispensing doctors abolished.

The most popular move, however, would be stabilisation of rates, rents, and water, gas and electricity charges. "Lessen the rates burden on the retail trade," urged the head of a Scottish chain.

"Lessen bureaucratic paperwork and Government involvement in the retail trade. Offer grants towards computerisation." The abolition of the National Insurance surcharge was another popular option, along with further reductions in interest rates and taxation.

Some respondents were content with Government policies — "I'm glad to be independent of state aid, but contributing to the less fortunate through justly and equitably imposed taxes, especially VAT and alcohol," said one pharmacist close to retirement.

And others sought specific local remedies to the recession — support for the cotton industry in Lancashire, for example. Or a ban on foreign holidays — to help a pharmacist operating in a Welsh holiday resort. He admitted that was a flight of fancy ■



Nielsen show NHS share continues upward

Year on year figures for 1979-81 show that NHS share of pharmacy turnover has increased for each of these three years — from 61.6 per cent to 62.9 per cent in 1980, and reaching 65.5 per cent in 1981. Figures for 1982 so far seem to indicate that this upward trend is continuing. (For additional comment on these charts and the *C&D* Pharmacy Survey see p1039).

The following charts are based on the Nielsen Drug Index which comprises 39 products classes (see below). Data is collated on a two-monthly cycle and comparisons are made with the corresponding two-month period of the previous year. In this way any seasonal variation in sales does not distort the trend.

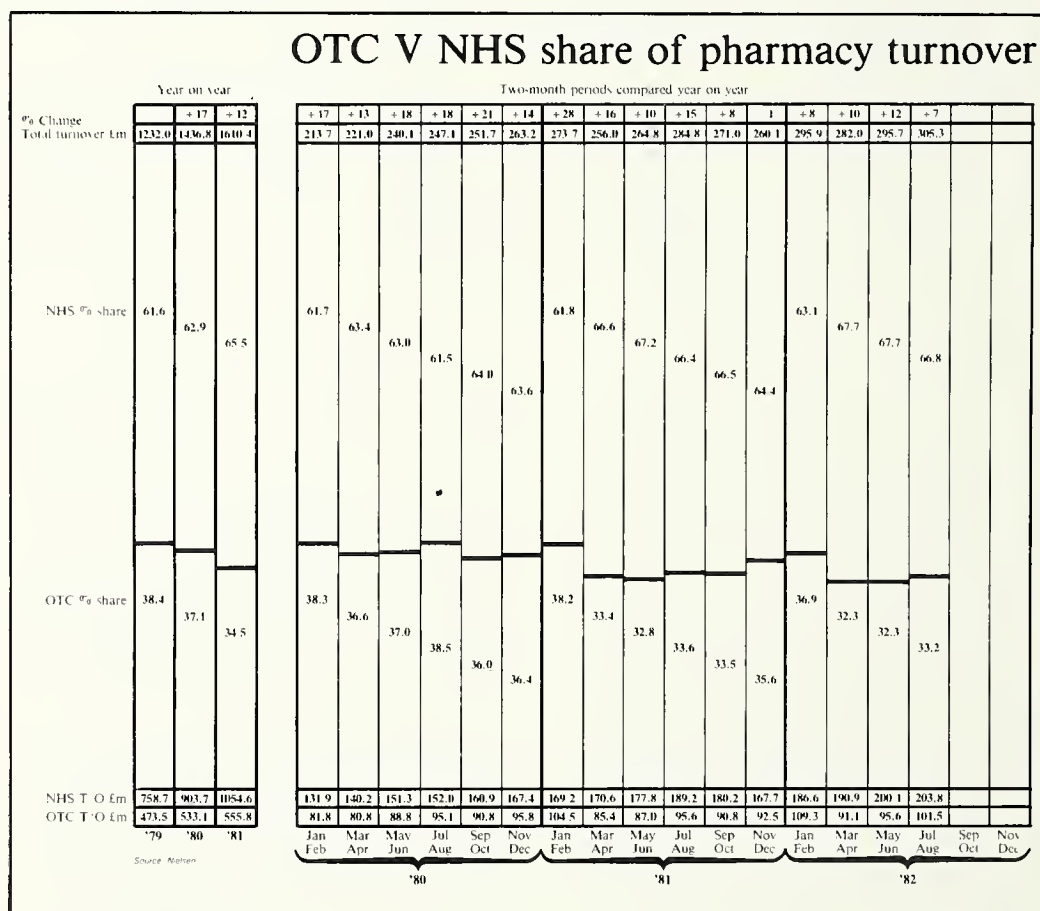
Nielsen's drug index

The 39 product classes in the Nielsen drug index are:

Acne preparation; after shave preparations; bath preparations; cotton swabs; denture cleansers; denture fixatives; external deodorants; first aid dressings; hair colourants; hair colour restoratives; hair conditioners; hair setting agents; hand preparations; liquid antiseptics; mouth fresheners; razor blades; sanitary towels and tampons; shampoos; toothbrushes; toothpastes; air fresheners; artificial sweetening agents; baby rusks; baby syrups; blackcurrant health drinks; cough, cold and influenza remedies; cough, cold — pastilles and lozenges; disposable baby napkins; eye

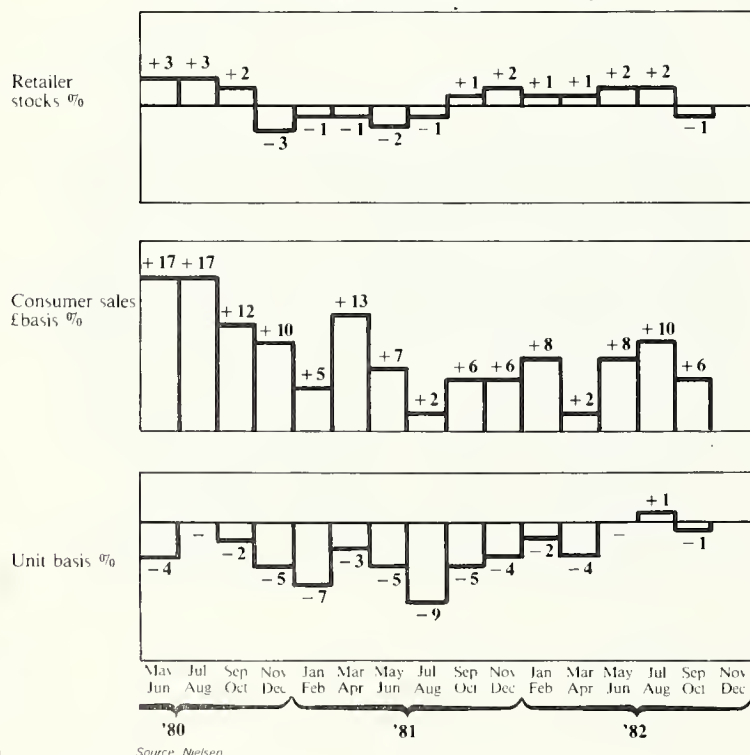
preparations; indigestion tablets; multivitamins; nerve tonics; oral analgesics; oral lesion preparations; powdered baby milks; slimming aids; sprays and drops; strained junior and instant baby foods; and vapour rubs.

The Nielsen chart comparing the OTC turnover of pharmacies and drug stores appears on p1048



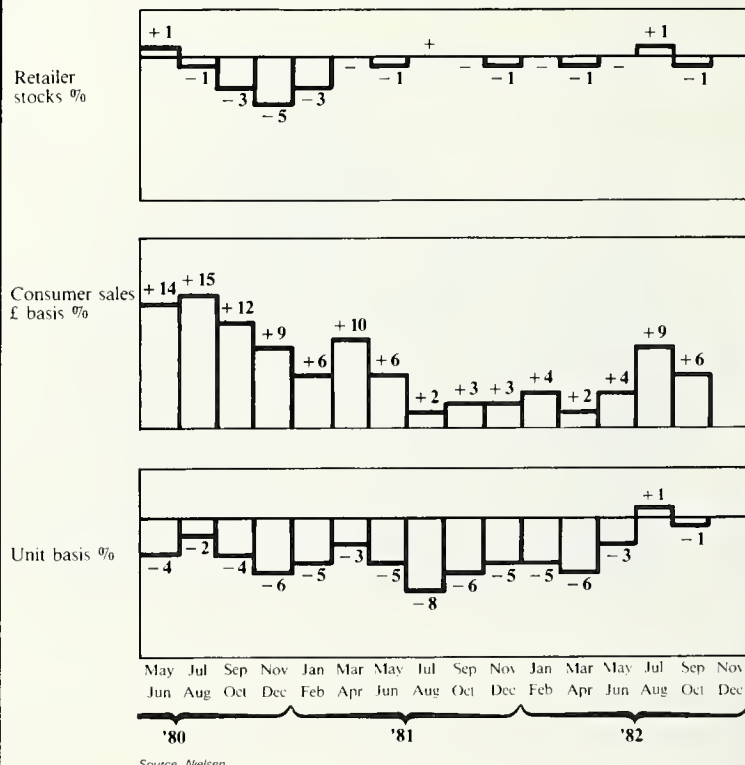
Market trends in Pharmacies — 39 product classes

Two-month periods compared year on year



Pharmacies & Drug Store

Market trends — 39 product classes



We've delivered the goods!



As promised, we've delivered Lil-lets tampons in new attractive packaging.

As promised, we've delivered the already popular new Economy 40's size, too.

With a brand like Lil-lets – which consistently delivers the quality your customers need and the profits you want – there's no doubt you've made the right choice.

Thank you for supporting Lil-lets, the number one digital tampon and the second largest brand in the Sanpro market.

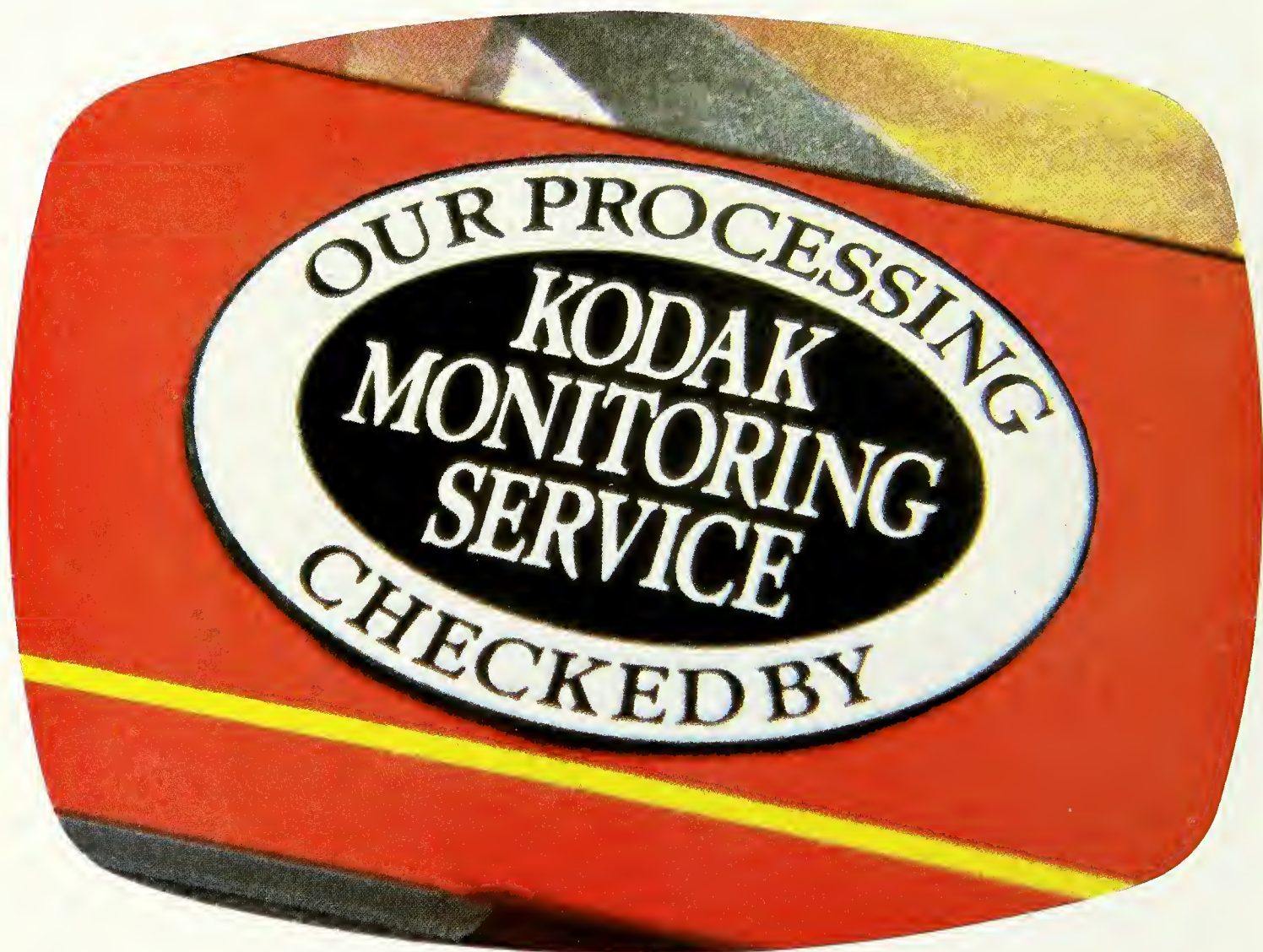
Go from strength to strength with Lil-lets in 1983!

Lilla-White



A member of the Smith & Nephew Group

Your Chris



A sensational new commercial hits TV screens just after Christmas.

It will reach millions of people who take Christmas snaps and will do it with humour and a great song.

And it packs a powerful message around our theme "Smile. It's on 'Kodak' paper."

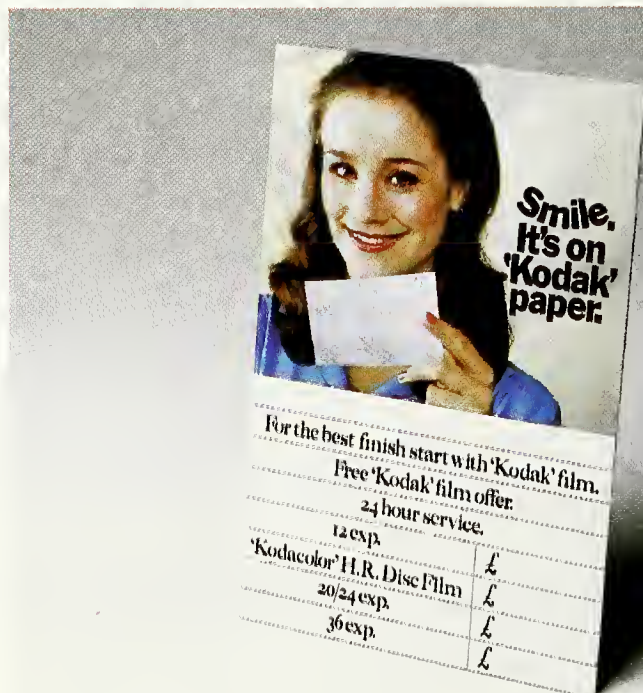
A new feature in the commercial is the sign you see on this page. For the first time, we'll be telling consumers about the Kodak Monitoring Service and how it helps to improve the quality of their prints.

It's the sign of quality all your customers will be looking for.

The Christmas burst will be followed in Summer 1983 by our biggest ever TV campaign for 'Kodak' Paper.

A Happy Christmas to all retailers.

1. New displays: To help you cash in on the TV commercial, there is new easy-to-use point-of-sale material. You must put it up, so customers know you are using a laboratory using 'Kodak' Paper.



Christmas Box.



Kodak Monitoring Service Stickers: Put the Kodak Monitoring Service sign on your window or door. Free stickers are available, but only from Finishers who use Kodak Paper and Chemicals.

Kodak Monitoring Service Stuffers: Your Finisher is putting special stuffers into your customers' prints. These explain simply how Kodak helps improve the quality of prints. They'll help give your customers confidence in you.

Post coupon for all this material: If your Finisher has not already given you all this material, post this coupon.

Coming! Exciting Promotions for 1983. Watch out for our 1983 Promotions. They're all planned to increase your business. So keep smiling.

**Smile. It's on
'Kodak' paper.**



Kodak is a trade mark.

To: Doug Doolan, (A6f), Kodak Limited,
Finisher Sales Department, Kodak House, P.O. Box 66,
Hemel Hempstead, Herts. HP1 1JU.

Please arrange for my 'Kodak' Paper display kit to be sent as soon as possible.

Name: _____

Position: _____

Company: _____

Address: _____

My Photofinisher is _____

TOPICAL REFLECTIONS

By Xrayser

Logo-motion?

I seem to have stirred the puddin' pretty thoroughly, judging from the reponses so far. I have had a letter from Swansea which tickles me immensely, so much so it has to be shared. It starts: "Dear Sir, I read your column diligently every week; you appear to voice a majority opinion, and I would think that it must have more than an element of poltical 'clout' within the profession." (What!) It goes on: "£12,000 for designing a logo is ludicrous when all other pharmacies in the EEC and Switzerland are recognised by a definite logo — an illuminated GREEN CROSS on a white background — *now* is the time to standardise!"

I hardly need add more, except I have the feeling that this symbol, a green cross on a white ground (or is it a white cross on a green ground?) is a registered trade mark in this country — Izal? I'm sure that's right. Still it could be a happy opportunity for the owners, Stirling Health, ie Winthrop Group Ltd to make

one of those magnanimous gestures which would prove the reality of protestations of goodwill, by offering the copyright as a gift to the Society. Such a gesture would break a long term deadlock perhaps, in the adoption of what the writer rightly says is a universally understood symbol in Europe for pharmacy. In return I think we might reasonably allow the donors the continued discreet use of their own, er, logo?

Is it true?

Rumour has just reached me of a disturbing relationship between the Rural Pharmacists Association and some Local Pharmaceutical Committees. As I understand it, LPCs are statutory bodies set up to represent contractors in all dealings with the DHSS at a local level, covering such matters as rotas, service, fulfilment of contract terms, and electing representatives of pharmacy to sit on the various Family Practitioner Committees. In these Committees is decided the future of pharmacy, to some extent, since they

have the decisions to make regarding such things as the rural standstill and the implementation of Clothier. The LPCs are empowered to raise monies by a levy on contractors, some of which is spent in covering the cost of the body we set up to negotiate the terms of the contract with the Government — known to us as the Pharmaceutical Services Negotiating Committee. Since the Government recognises the cost of such an organisation is a legitimate overhead it has allowed us a payment over and above the contract earnings to cover this levy. LPCs may spend this money on our behalf any way they choose, be it entertaining MPs, printing leaflets, mounting exhibitions, DUMP campaigns, or what you will. Except that so far as I'm concerned, the members I elect are completely responsible for what is done in my name. If I don't like what they do I can vote them off. Recently we had a situation in which the RPA had decided to oppose acceptance of Clothier on the one point regarding the distribution of option forms. Only at the last moment did they cry off raising an injunction to prevent the PSNC agreeing Clothier. Yet if what I have been told is correct, the RPA prior to this, had approached a number (all?) of the LPCs, inviting them for the sum of £50 or so to take membership of their group. Pretty cool when you think of it, for had they proceeded in their plan the money would almost certainly have been spent in briefing counsel. If any of the LPCs had been silly enough to fall for it, they (and we) might have been exposed to the world in a situation which would bear comparison to a Brian Rix pants down comedy . . . Our official bodies, contributing our levy money to a self appointed, non-acceptable group who intended to use it to prevent those statutory committees' own negotiating committee from doing its work!

Apologies . . .

My sincere apologies to “Conscript” I . . . I . . . er . . . regret I did rather see him as (in his own words) “. . . a doddering old fool on the edge of senility”, which plainly *he* is not. Instead we have a genuine fire-eating individualist of the old school, if he doesn’t mind my saying so. Yet he must know as well as I, there are enough pharmacists who have tended to stay in their holes. And not only behind a screen, but behind a solid wall remote from their public. The Society has therefore had to draw attention to the need to be seen, and be not only available, but acting positively to ensure that patients get the right product and the right advice. In identifying himself as someone who wouldn’t be told what to do (just like my teenage son) even though we know *now* he already does it, it is his own fault if he gets bracketed as a retrograde idiot. But thanks for a marvellous witty letter. Conscript, you can have a go at me any time you like!

Continued from p1044

Neilsen focus on the battle for OTC share

OTC Turnover										Pharmacies v Drug Stores									
Bi-monthly year on year																			
% Change	+ 30	+ 18	+ 19	+ 9	+ 12	- 3	+ 28	+ 5	- 2	+ 1	- 1	- 4	+ 5	+ 7	+ 10	+ 7			
Total Emillions	100.1	101.0	110.5	118.4	113.6	121.5	128.0	106.5	108.5	119.0	113.0	116.4	134.6	114.2	119.8	126.8			
Multiples	15.4						15.8						16.0						
% share		14.6	14.5	15.0	14.7	15.1		15.2	15.2	15.3	15.4	15.4		15.1	15.0	15.3			
Independents	66.3						65.9	65.0	65.0	65.0	64.9	64.1	65.2	64.7	64.8	64.7			
% share		65.4	65.8	65.3	65.2	63.8													
Drug Stores	18.3	20.0	19.7	19.7	20.1	21.1	18.3	19.8	19.8	19.7	19.7	20.5	18.8	20.2	20.2	20.0			
% share																			
Multiples Em	15.4	14.7	16.0	17.8	16.7	18.4	20.3	16.2	16.5	18.2	17.5	17.9	21.5	17.2	18.0	19.4			
Independents Em	66.4	66.1	72.7	77.3	74.0	77.5	84.3	69.2	70.5	77.4	73.3	74.6	87.8	73.9	77.6	82.1			
Drug Stores Em	18.3	20.2	21.8	23.3	22.9	25.6	23.4	21.1	21.5	23.4	22.2	23.9	25.3	23.1	24.2	25.3			
	Jan Feb	Mar Apr	May Jun	Jul Aug	Sep Oct	Nov Dec	Jan Feb	Mar Apr	May Jun	Jul Aug	Sep Oct	Nov Dec	Jan Feb	Mar Apr	May Jun	Jul Aug	Sep Oct	Nov Dec	

Source: Nielsen

COUNTERPOINTS

£1m push for Kleenex facial tissues

Kimberly-Clark have earmarked £1m for advertising Kleenex facial tissues during 1983. The proposed television campaign is split into two phases with the first breaking nationally on January 3 and running for six weeks. Using the "Faces"

theme first introduced a year ago the advert copyline will be "Kleenex tissues wipe a smile on your face." Three commercials — a 40 second film and two 20 second spots — will be screened.

In the six months following the launch of the campaign last January, Kimberly-Clark claim the Kleenex market share rose by 3.1 per cent to 27.4 per cent while the total market declined by 4 per cent. *Kimberly-Clark, Larkfield, nr Maidstone, Kent.*

Holiday closings

Approved Prescription Services Ltd: from 5pm on Thursday, December 23 until 9am Tuesday, January 4.

Armour Pharmaceuticals Co Ltd: from noon on Friday, December 24 until 9am on Tuesday, January 4. A skeleton staff will be on duty to handle urgent orders from 9am Wednesday, December 29.

Beecham Pharmaceuticals UK Division: from noon on Friday, December 24 until 9am Tuesday, January 4. An answerphone service (01-560 5151) will operate for emergency medical enquiries.

Dendron Ltd: from noon Wednesday,

December 22 until 9am, January 4.

Duphar Laboratories Ltd: from Friday, December 24 to re-open Wednesday, December 29, and also closed on January 3. Personnel will be available in the orders department to answer enquiries on December 29, 30 and 31. Orders for Christmas must be in by December 13.

Farmitalia Carlo Erba Ltd: from Monday, December 27 until Wednesday, December 29 re-opening on Thursday.

MCP Pharmaceuticals Ltd: from noon on Friday, December 24 until 9am on Tuesday, January 4.

Paines and Byrne Ltd: from 5pm Wednesday, December 22 until Tuesday, January 4. A skeleton staff will deal with

urgent postal and telephone orders from 9am—12 noon on December 29—31.

A.H. Robins Co Ltd: from 12 noon on Thursday, December 23 and will re-open on Tuesday, January 4.

Roche Products Ltd: from 1pm on Friday, December 24 until 9am Tuesday, January 4.

Stafford-Miller Ltd: the Hatfield sales office will close at noon on Friday, December 24 until 9am Wednesday, December 29. The factory and despatch department will close on Thursday, December 23 until Tuesday, January 4.

Sterling-Winthrop Group Ltd: from 4pm December 24 until 9am Tuesday, January 4. An Ansafone will operate on 01-399 5252 for emergency medical enquiries. Orders for delivery by December 24 must be placed by Monday, December 13.

Thomas Kerfoot and Co Ltd: from midday on Wednesday December 22 until 8.30am on Tuesday January 4. Orders received after 10.30am on December 20 cannot be despatched until after Jan. 4.

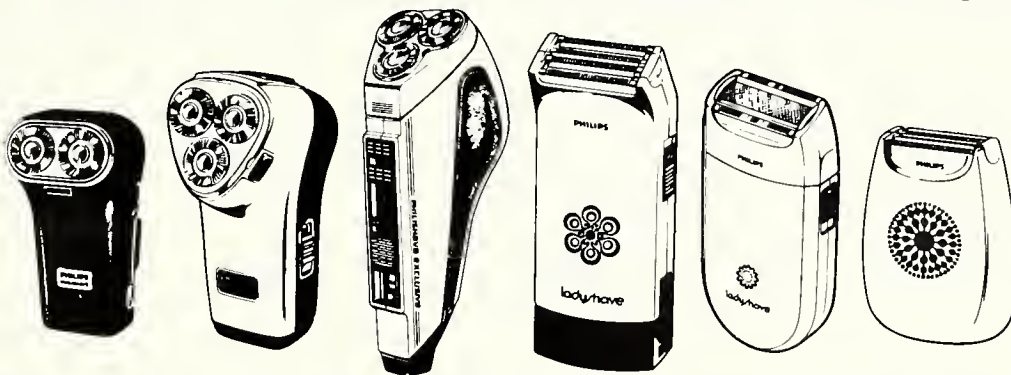
Upjohn Ltd: from 12.30pm on Friday, December 24 until 8.30am on Tuesday, January 4.



PHILIPS & Beekay lead the way.



PHILISHAVE DOUBLE ACTION



Philishave & Ladyshave from

BEEKAY the specialist electrical wholesale distributors for all chemists

UNIT 5, BINATONE PLAZA, WYCOMBE ROAD, OFF BERESFORD AVENUE, WEMBLEY, MIDDLESEX HA0 1ZF

BEEKAY Are also distributors for

Tel: 01-900 0588 (3 lines) ANSAFONE AFTER TRADING HOURS

BABYLISS PIFCO WATER PIK
BRAUN REMINGTON CLAIROL
CARMEN CASIO PARKER PENS

OPEN ON SUNDAYS, 10AM - 2PM

LATE WEDNESDAYS & THURSDAYS
TO 9PM.

PLEASE SEND ME DETAILS AND ACCOUNT APPLICATION FORM
Post to: BEEKAY LTD., FREEPOST, WEMBLEY, MIDDLESEX HA0 1BR

NAME _____

ADDRESS _____

Tel No. _____

FREEPOST
NO STAMP REQUIRED





The battery with twice the power now comes in threes.

These Zinc Air batteries are a welcome sight for the hard-of-hearing.

Independent tests (IEC 86-24009) have proved that they last twice as long as Mercury RM675H batteries. So the inconvenience of changing batteries is halved. Zinc Air perform better, too, because their power remains constant far longer than mercury batteries.

And now they're available in this distinctive red dial pack dispenser with 3 Zinc Air batteries, giving the same life as 6 mercury batteries, and the convenience of a pack your customer really wants.

Only Ever Ready make a full range of both Zinc Air and mercury hearing aid batteries. See your van sales rep. or wholesaler for details.

Ever Ready Zinc Air. You'll be glad you heard of them.



**POWER TO THE PEOPLE
POWER TO YOUR SALES**



Grocers gaining in toothpastes at expense of independents

Grocery outlets now account for 60 per cent of all toothpaste sales compared with under 50 per cent ten years ago. This is one of the findings in the latest Mintel report on toothpaste and toothbrushes. And it is the traditional chemist which has been the biggest loser while Boots maintained a "static" share.

During the same period usage per household increased from 15 standard tubes to around 22 currently and since 1978 volume consumption has risen by 15 per cent due to both a growing public awareness for dental care and a reduction in the number of people with dentures. The market now stands at £77m at rsp, say Mintel, and despite volume growth its value has not kept up with inflation due to "deep price cutting."

Until recently Colgate had a 40 per cent share of the market with Colgate Dental Cream and Ultrabrite, followed by Gibbs (Signal, SR and Close-up) with 25 per cent and Beecham (Macleans and Aquafresh) 20 per cent. However positions have been reversed due to the challenge from Proctor & Gamble's Crest.

In the year ending October 1982 Colgate is credited with a 31 per cent value share of the market, Beecham 25 per cent, Gibbs 16 per cent and Proctor & Gamble 15 per cent. Despite this decline consumer research shows that Colgate still scores highest amongst the 15-19 age group "which may augur well for its continued brand leadership," the report comments.

Crest which for several years had been supported by the biggest advertising spend was overtaken by Colgate Dental Cream in 1981 which outspent Crest's £2.66m by over £750,000. Gibbs are reported to have spent just under £2m on two major brands and Beecham £1m on Macleans.

In the first six months of 1982 Colgate Dental Cream again led the field with a £2.75m spend. And the report finds that such expenditure does not just shift brandshare but helps increase overall sales.

Static growth for brushes

The toothbrush market has remained static in volume terms according to Mintel, with value growth largely due to inflation. Retail sales are put at 56m units per annum worth £23m rsp in 1982. Professional brushes which command a price premium now account for a quarter of total volume sales and about a third of the total value. Addis / Wisdom brushes remain brandleader with a 50 per cent share, Oral B with a 15 per cent sterling share is second and Boots with 12 per cent

and Sensodyne 9 per cent are third and fourth.

While dentists recommend the purchase of a new toothbrush every three months the report finds that the average frequency in the UK is about once a year. Breaking down the figures, women are likely to have purchased more recently than men and the 25-34 age group are the most frequent purchasers, the C1's are more likely to have made a purchase more recently than the AB's and the frequency of purchase to be "distinctly below average" in Yorkshire and the North East.

Until recently, media advertising for toothbrushes was very limited, says the report, but since Sensodyne went on television in May 1982 Oral B have started to advertise again. "It looks as if the toothbrush sector is likely to become more exciting soon" the report comments. And it continues, "There is still plenty of scope for growth before the recommended purchase of one toothbrush every three months is reached." *Mintel Market Intelligence Report on Toothpaste and Toothbrushes, December 1982, 7 Arundel Street, London WC2R 3DR.*

Skin and hair dechlorinators

A range of products developed in America to remove chlorine from the skin and hair are now available in this country. The Ultraswim range comprises shampoo (8oz, £2.65; 16oz, £4), conditioner (8oz, £3), lotion (8oz, £3.90) and soap (3½oz, £1.15) and a counter display unit comes supplied with a selection of products. The company is hoping to appoint a distributor in the near future but in the meantime orders will be met by writing direct to *Ultraswim UK, J.J. Slater, 61 Whalley New Road, Blackburn, Lancashire BB1 6JY.*



Sanpro company seeks UK opening

A Finnish company is attempting to break into the UK sanitary protection market and is seeking a UK representative.

Napkin Oy, are manufacturers of own-label sanitary towel brands in Scandinavia. Mr Lasse Paitsola of the Finnish Embassy told *C&D*: "Napkin Oy want to enter the UK market because our own market is quite limited in Finland, and the company has high quality products which are price competitive."

Insoles and cream from Newton

Aquaped insoles in four sizes (small, medium, large and extra large; £2.95) and triple action foot cream (£0.95) have been added to the Newton Laboratory range of footcare products. *Newton Laboratories, PO Box 789, 111 Wandsworth High Street, London SW18 4JB.*

ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is
Anadin:		All areas
Askit powders:		Sc
Beechams hot lemon:		All areas
Blue Stratos:		All except U,E,CI
Camay toilet soap:		All except E
Chanel No 5:		All areas
Chanel for Men:		All areas
Chanel No 19:		All areas
Crookes One-A-Day:		All areas
Fabergé Brut 33:		All areas
Touch of Class:		M,Y,NE,G
Fairy toilet soap:	Sc,So,B,NE,A,Y,We,G	
Head & Shoulders:	Ln,M,Sc,WW,A,U,We,G	
Jerome Russell Glitter Spray:	Ln	
Jovan Musk Oil:		All areas
Sex Appeal aftershave:	Ln,So,A	
Karvol capsules:		All except E
Lentheric Mystique:		All areas
Panache:		All areas
Tweed:		All areas
Old Spice:		All except E,CI
Paddi Cosifits:		All areas
Pampers disposable nappies:		All areas
Polaroid Amigo cameras:		All areas
Button cameras:		All areas
Sun cameras:		All areas
Robinson's baby foods:		All areas
Scholl Soft Step:		M
Strepsils tablets:		All areas
Yardley Chique:		All areas
Father Xmas:		All areas
Liberty:		All areas
Pure Silk:		All areas

New image Charlie in fewer chemists

In an effort to "keep up with the times" Revlon have created a new image for their Charlie fragrance. However a change in Revlon's policy over the past year means that fewer chemists will be able to stock the range.

Mr Tedd Thomas abandoned the plans of previous managing director, Charles Scanlon, to increase the number of Charlie accounts in pharmacies and to form a "chemist's club" (*C&D*, July 17, p120). A spokesperson for Revlon told

C&D: "There will be no increase in the distribution for Charlie outlets because we're concentrating on profit for both sides." Revlon hope to develop personal relationships with individual chemists rather than a more general club.

The new Charlie range is being recartoned but not repackaged. There will be no bargain promotion packs and the prices have remained static while the size of pack has decreased, so that the customer can pay the same price as before but gets less for it. A new size has been introduced to fill a gap in the price range (30g, £4.50). *Revlon International Corporation, 86 Brook Street, London.*

Fems for Boots?

Strong rumours in the trade suggest that Boots Co Ltd is the only company now receiving supplies of Fems tampons from Kimberly-Clark. When asked the question the company made the following statement: "The situation is constantly under review and at this time we are not in a position to comment. We regret any difficulties the trade may have experienced and we are currently having discussions on this matter with all our customers."

An earlier Press statement (*C&D* November 20, p934) stated a "major machine failure" was to blame for the distribution upset.

PRESCRIPTION SPECIALITIES

Travogyn cream

Manufacturer Keymer Pharmaceuticals, The Brow, Burgess Hill, West Sussex RH15 9NE

Description White cream containing 1 per cent isoconazole nitrate

Indications The cream should be used in conjunction with Travogyn vaginal tablets for vulval or perineal spread of susceptible vaginal infections. May be used to treat balanitis of possible candidal origin, and its prophylactic use in the partners of infected women, especially in uncircumcised men, is advisable. May be used alone for perineal or intertriginous infections of probable fungal origin that do not appear to be secondary to vaginal mycoses

Application Twice daily until symptoms have disappeared

Pharmaceutical precautions Should be used within 28 days of opening

Packs 20g tube (£1.88 trade)

Supply restrictions Prescription only

Issued December 1982. ■

and have a single breakline on one side with "Parlodel 2.5" printed circumferentially on the reverse. Packs are marked "revised formulation." *Sandoz Products Ltd, PO Box Horsforth 4, Claverley Lane, Horsforth, Leeds.*

Suscard 3mg

Suscard buccal will be available in a 3mg strength from January 3, 1983, packed in bottles of 100 (£15.26) with a pilfer-proof cap. The 1mg, 2mg and 5mg preparations will adopt this style as soon as stocks of the present containers are exhausted.

Pharmax Ltd, Bourne Road, Bexley, Kent.

Kerfoot allopurinol

Allopurinol 100mg tablets are now available from Kerfoots (100 £8.50, 250 £19 trade). The tablets are white, uncoated, plain on one side and embossed "K012" on the reverse. *Thomas Kerfoot & Co Ltd, Vale of Bardsley, Ashton-under-Lyne, Lancashire OL7 9RR.*

Arvin

Marketing and distribution of Arvin and Arvin antidote ampoules has been taken over by Armour Pharmaceutical. The formulation of the product remains the same. *Armour Pharmaceutical Co Ltd, St Leonards Road, Eastbourne, East Sussex.*

■ Martindale Pharmaceuticals Ltd have asked us to point out that Mitomycin C Kyowa and ether soluble tar paste (*C&D* December 4, p1014) are distributed by *Farillon Ltd, Bryant Avenue, Romford, Essex RM3 0PJ.*

Early Days offer

Mendle Brothers are offering stockists a selection from their 1983 Early Days baby range at more than 16 per cent lower than normal list cost.

The carton (£48 during the promotional period) contains 90 items in the new 1983 colours — blue and pink, white and red. All items are individually packed and the mugs and bowls feature the new three-bunny motif.

Included in the pack are the new travel beaker with sealtight closure, two handle mug, new staywarm plate with suction foot and safety filler plug, a new egg cup plate, and mug and bowl set.

The offer is available until March 31, 1983. *Mendle Brothers Ltd, Pontygwaith, Ferndale, Rhondda, Mid Glamorgan.*

Numark Superbuys

Numark's first national promotion of the New Year will run in-store from January 17-29 and the Superbuys on promotion will include a pack of Tampax with a free flip-top tampon case exclusive to Numark, Heinz baby food cans, Vosene, Paddi Cosifits, Flex shampoo and conditioner (with a consumer offer of £1 cash with every two purchases), Harmony hairspray (six for the price of five) and Glints hair colourant. All these products will be advertised in *The Sun*, *Daily Mail*, *Daily Express*, *Sunday Post*, *Woman's Own* and on Ulster Television.

Intermediate lines will include Listermint, Marigold housegloves, Palmolive toilet soap, Harmony colour, Pears shampoo and Nulon. Optional extras include Famel cough syrup / pastilles, Mentholyptus, Night Nurse, Day Nurse, Cushion Grip denture care and Meggezones. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts.*

Osmosin

Osmosin is a highly hydroscopic product and it is essential that the preparation should be dispensed in the original pack with a desiccant, say manufacturers Merck Sharpe & Dohme, *Hertford Road, Hoddesdon, Herts.*

Parlodel

Sandoz Products Ltd are phasing in a tartrazine-free formulation of Parlodel from the end of December. The new tablets are flat, white, with a bevelled edge

Green light for increased sales

New Benylin^{*} Mentholated adds to your profits.

Benylin Mentholated not only relieves coughs but also clears nasal congestion.

Yet another top profit winner for you, combining the benefits of Benylin's renowned efficacy with a proven decongestant plus the penetrating power of menthol.

It means that, more than ever, there's a trusty Benylin for you to recommend for most types of cough. And for every customer.



Further information and data sheets are available on request.

PARKE-DAVIS

part of the Warner-Lambert Group

Usk Road, Pontypool, Gwent NP4 0YH.

**WARNER
LAMBERT**

*Trade mark R82249

Benylin

YOUR TOP PROFIT WINNER

No frogs of LRC.



courtesy

With Winter coming on so will the frogs in your customers' throats.

Have a family of cough medicines for all the family's needs.

Buttercup Cough Syrup and Sweets, the gentle remedy that's especially suitable for children; Liquifruta, the natural way to relieve coughs, now with a new formula, eight new packs and two new flavours – blackcurrant and honey & lemon; and Floway's Cough Syrup and Bronchial Expectorant, the traditional family choice.

Backed up by a massive national TV campaign, women's press, posters and POS going to mean more relief for your customers and more profit for you.

There's Wright's Vaporizer for congestion and Goddards Embrocation for relief from aches and pains.

There's Wright's Coal Tar Soap and Eucryl Toothpowders, both brand leaders in their markets, to help you and your customers clean up.

With Durex, LRC are the leaders in barrier contraception with huge margins on all products from Nu-Form Extra Safe to Excita, as well as Duragel, Duracreme and Diaphragms.

With Marigold, LRC have the best-known name in rubber gloves with 80% of the household glove market, whilst almost every hospital uses our Regent Gloves.

And let's hear it for Woodward's the original and only Gripe Water, not forgetting Ariel Balloons to help every party go off with a bang.

So when it comes to your customers, their families and your business, thank LRC. And everyone will profit.

LRC Products Ltd., North Circular Road, London E4 8QA.

LRC First choice for everybody.

PRICES PROVE YOU'RE BETTER OFF WITH NUMARK.

JANUARY OFFERS IN STORE 17TH - 29TH JANUARY

PRODUCT	PACK	CHEMIST BUYING PRICE (Excl. VAT)
RADOX BATH SALTS Large.	6	£2.60
GLINTS HAIR COLOURANT.	6	£5.25
PADDI COSIFITS 20lbs and over. 10's.	12	£14.52
NEW ULTRABRITE TOOTHPASTE Large.	3 x 12	£8.30
VOSENE Large.	24	£11.00
FLEX SHAMPOO 200ml.	12	£8.66
FLEX CONDITIONER 200ml.	12	£8.66
HEINZ BABY FOOD CANS 4.52 oz.	24	£3.94
TAMPAX SUPER 40's Exclusive Handbag Container Pack.	36	£43.45
HARMONY HAIRSPRAY Large.	12	£6.12
GILLETTE BLUE II Disposable Razors. 6 for the price of 5.	20	£8.40

FACT Numark O.T.C. buying power is bigger than that of any other U.K. wholesale buying group and consistently produces lower buying prices on top selling brands.

FACT Numark national press advertisements have consistently reached over 10 million housewife readers every month for the last eight years, attracting extra customers into Numark Chemists.

FACT Numark monthly merchandising kits are the most effective in creating extra sales.

To find out more about all the ways in which Numark can help to make your business grow, contact your local Numark wholesaler or Charles Morris-Cox at Numark Central Office, 51 Boreham Road, Warminster, Wiltshire. Tel: 0985 215555.

NUMARK
CHEMIST

A COMPREHENSIVE SERVICE TO THE INDEPENDENT CHEMIST.

Reviewed by C.R. Day, FPS

Genetic drugs available but Third World neglect

The possibility that we are on the threshold of a "second pharmacological revolution" has been vigorously propounded at a recent drug symposium. This would see the chemotherapeutic agents of the past 40 years overtaken by substances developed by the better understanding of intracellular, rather than intercellular, chemistry. Such possibilities include the ability to selectively direct drugs to tumours, the prophylactic management of patients at high risk of autoimmune disease, and to make selective enzyme inhibitors, providing novel therapies for asthma and cardiovascular diseases.

The first fruits of recombinant technology or genetic engineering have now appeared with the production of human insulin, growth hormone and

interferon, other possibilities include human serum albumin (a transfusion material), enzymes, and analogues of natural polypeptide hormones. Antigens made by genetic engineering which give immunisation against viral infections are in the pipeline. Research on these subjects requires huge financial backing but is considered valid for the benefit to much of mankind. However the development of new drugs to combat the major killer diseases of the world, eg malaria, is to a large extent neglected because the financial return from the underdeveloped areas where the diseases are rife could only lead to commercial disaster. Can we look for some co-operative efforts in this direction between the great international agencies and pharmaceutical organisations?

Drugs acting on the alimentary tract

In our 1981 review the introduction of the further H_2 antagonist ranitidine (Zantac) was recorded. Now a new anticholinergic agent with advantages over its predecessors in the treatment of peptic ulcer has been introduced. This is pirenzepine (Gastrozepin) which is claimed to have selective antagonist activity as it has preferential binding for the muscarinic receptors in the stomach, resulting in a lesser incidence of dry mouth, blurred vision, etc. Central effects are minimal while healing rates in duodenal ulcer are comparable to those of cimetidine.

Gastrozepin is supplied in tablet form containing the equivalent of 50mg of pirenzepine dihydrochloride. The advised dosage is 50mg morning and night for four to six weeks — more prolonged treatment may be necessary in severe cases

with dosage raised to 50mg three times a day. Pirenzepine has been used in combination with cimetidine to control more completely the inhibition of acid/pepsin where there is marked hypersecretion of gastric acid.

The appearance of new H_2 antagonists may be anticipated as studies are being made on several substances, including oxmetidine, SK&F93479, etitidine, and AH22216, some of which may have advantages over both cimetidine and ranitidine.

The prostaglandins offer an alternative approach to the treatment of peptic ulcer. These substances are produced naturally by the stomach and duodenum where they seem to stimulate mucosal defence factors resulting in so-called cytoprotection which has useful clinical possibilities. Oral PGE_2 promoted healing of ulcers in placebo-controlled trials, while a PGE_2 synthetic analogue has cytoprotective and acid inhibitory effects. This substance prevents indomethacin-induced gastroin testinal

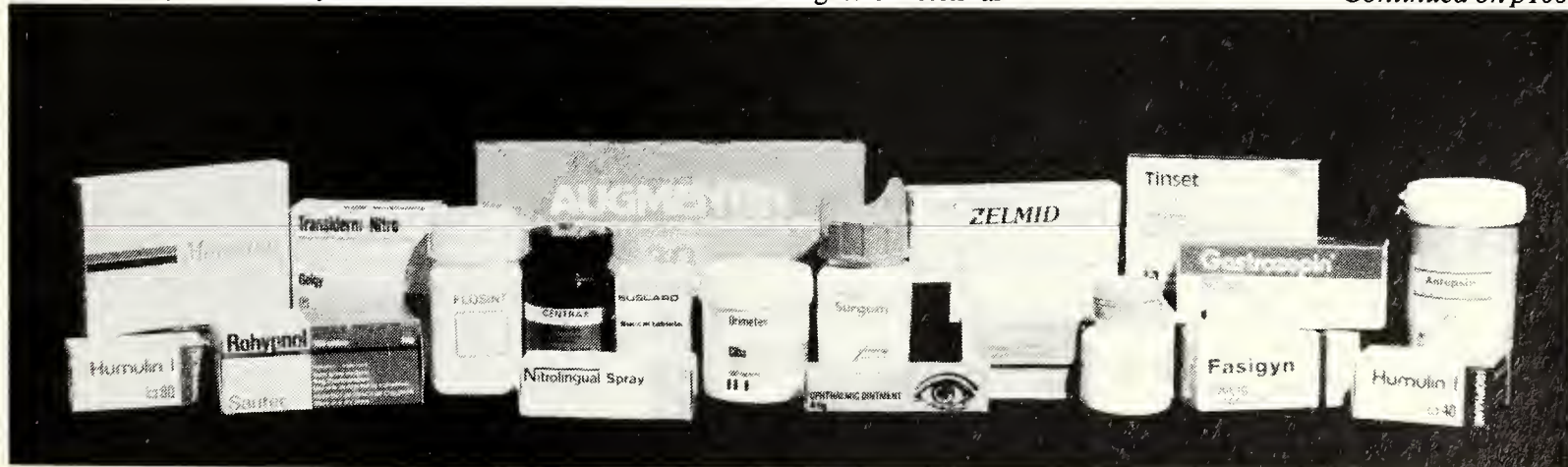
bleeding and promotes ulcer healing.

A novel manner of treating peptic ulcer has been achieved by sucralfate (Antepsin), which is a complex of aluminium hydroxide and sulphated sucrose. This substance has little antacid activity but acts locally at the ulcer site by combining with protein exudate which in turn binds to the ulcer thus protecting it from further acid/pepsin assault. Sucralfate is claimed to have comparable efficacy to cimetidine in ulcer healing rate. Side effects are minimal. Dosage is 1g four times a day at least one hour before meals. The treatment should be continued for four to six weeks, or up to 12 weeks in resistant cases. Antacids may be given for pain relief.

Transdermal hyoscine, which is used in the US for prevention of travel sickness, is under trial for the management of duodenal ulcer. Transdermal administration avoids the high blood levels occurring with oral dosage, thus reducing the side effects which limit the use of anticholinergics.

For a number of years the usual treatment of ulcerative colitis has been with sulphasalazine (Salazopyrin), a compound consisting of 5-aminosalicylic acid and sulphapyridine joined by a diazo bond which is split by bacterial action in the colon into the two components, releasing the 5-ASA at the site where it is active; the sulphapyridine portion acting only as a carrier. This carrier however is responsible for some serious side effects, particularly allergies. A way of overcoming these risks is reported by Dew, M.J. et al (*Brit. med. J.* 1982, 285, 1012). 5-ASA cannot be given orally as it is decomposed by acid and adsorbed by the small intestine. However by coating it with an acrylic-based resin (Eudragit-S) a preparation resistant to gastric acid has been prepared and tested in 67 cases of ulcerative colitis in remission. It was found as effective as sulphasalazine in the maintenance of remission and was thought by the authors to be valuable in patients who are intolerant of sulphasalazine. Sodium azodisalicylate, which consists of two 5-ASA molecules

Continued on p1060



When Photographic Services, Wallasey, won a Kodak Gold Award for Quality, we chose Miss Great Britain, Tracy Dodds, to make the presentation.

The Company had appeared in the Table of Merit for photo-processing results for the period June to September.

The presentation took place on October 18th at a reception at their offices.

Photographic Services employs 90 people, and has been in existence since 1946.

The Company began to concentrate on wholesale photo-finishing during 1971 and in a comparatively short time has won a reputation for quality.

Bill Graham, Managing Director of Photographic Services, commented, "Winning The Gold Award for Quality, which is



With Miss Great Britain Tracy Dodds, Roy Last, Production Supervisor; Andrew Pulford, Quality Control Manager; Trevor Ayre, Area Sales Manager, Kodak Limited

Wallasey hits the

Kodak's top Award for photo-processing, really shows that we're capable of maintaining top quality standards in the long-term.

"It's a tribute to the hard work of all at Photographic Services to have consistently come top of the league, nationally, in photo-processing results"

Silver Awards for Quality, October.

S. H. Shayler Limited, Carterton.
R. H. Williams, Haverfordwest.

R. H. Williams, Haverfordwest, has now added Silver to Gold, for the company has already won a Gold Award for Quality for the period May to August, 1982.



are (from L to R);
 Geoff Cadogan, Manager, Finisher Sales, Kodak Limited;
 Graham, Director, Photographic Services.

Colourcare Photo Service,
 Downton Laboratory.
 Grunwick Processing Laboratories
 Limited, Borehamwood,
 (Darkroom Service).
 Napcolour Limited, Chester.
 Photographic Services (N.W.)
 Limited, Wallasey.
 Regency Film Services, Enfield.
 S. H. Shayler Limited, Carterton.
 R. H. Williams, Haverfordwest.

Belmont Photo Works Ltd., and
 Grunwick Processing Laboratories
 Ltd., Borehamwood also appeared
 in the Tables of Merit for August
 and September, and so are well on
 their way to their first Gold Award.

The Kodak Award for Quality.

The competition is open to all
 independent photofinishers who
 use KODAK 'Ektacolor' Paper and
 formulated chemicals. Kodak and
 its subsidiary companies are
 excluded. All photofinishers who

gold standard.

Table of Merit, October.

The following eight companies
 have achieved a place this month:
 Belmont Photo Works Limited,
 Belfast.

regularly and continuously return
 full sets of quality monitoring
 strips to the Kodak Monitoring
 Service are automatically included
 in the scheme, which runs from
 April to December, 1982.

Smile. It's on 'Kodak' paper.



Kodak and Ektacolor
 are trade marks.

Continued from p1057

united by a diazo bond and passes unchanged to the colon following oral administration, where it is split into its two constituent molecules, is also under investigation.

Cardiovasculars

Several novel presentations of the widely used vasodilator glyceryl trinitrate (GTN) for the management of angina pectoris have followed the marketing last year of the sustained release percutaneous ointment (Percutol). There is now an adhesive patch (Transiderm-Nitro) which is applied to the lateral chest wall daily. Each patch contains 25mg GTN of which about 5mg is adsorbed over 24 hours. Plasma drug levels reach a plateau in 2 hours and are maintained for at least 24 hours. A fresh patch should be applied to a new area every day. If an acute anginal attack develops a rapid-acting vasodilator should be given.

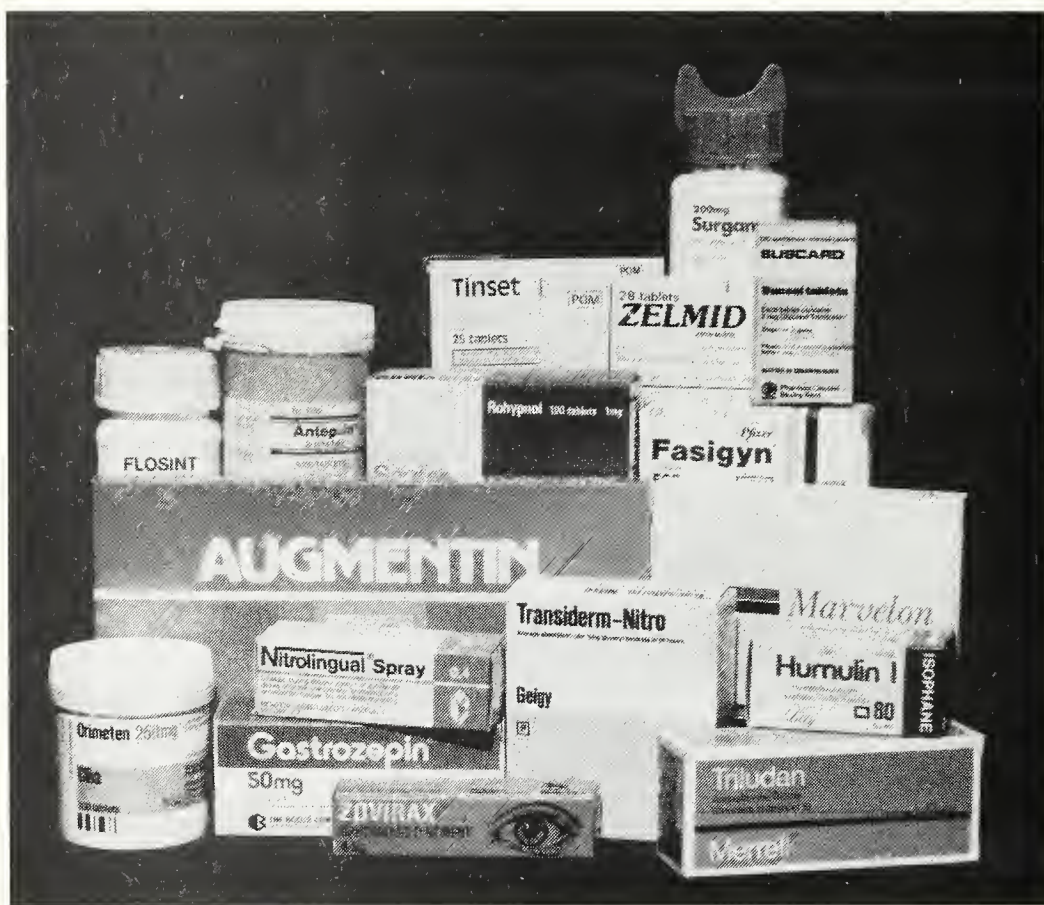
A spray preparation which, when directed onto the oral mucosa provides rapid absorption of GTN for use both in the management of anginal attacks and their prevention, is now available as Nitrolingual Spray. Each metered dose of the aerosol delivers 0.4mg GTN. During an attack one or two metered doses should be used, while for the prevention of exercise-induced angina one or two doses before exertion is advised.

A small tablet containing GTN which is placed high up between the upper lip and the gum is supplied under the name Susscard Buccal. The drug is absorbed rapidly and can be used for acute attacks. The length of action is individual depending on the rate of dissolution but usually averages 3-5 hours. The tablets which are available in strengths of 1, 2, and 5mg must not be placed under the tongue or chewed.

Compounds under present study for the management of heart conditions include, Urapidil which is an α_1 -blocker with α_2 -agonist properties, prezidilol a β -blocker with vasodilator effects, also bufuralol another β -blocker with unusual vasodilator properties and D2343 an α_1 -blocker with β_2 -adrenergic actions.

Respiratory system

A peripheral stimulant of alveolar respiration known as almitrine may eventually contribute an important advance in the management of chronic obstructive lung disease. Almitrine has given promising results in clinical trials and has been given priority status for



registration by the Federal Drug Administration in America.

Two products for the treatment of hay fever and allergies have appeared during the year. One of these is terfenadine (Triludan) which does not readily cross the blood-brain barrier and therefore has but slight central activity resulting in almost total absence of drowsiness. Furthermore it does not increase the effect of alcohol, benzodiazepines and other central depressants, so the usual antihistamine warnings are unnecessary. In a clinical trial involving terfenadine 60mg twice a day, chlorpheniramine 8mg twice a day and placebo in 132 patients with allergic rhinitis, the two active compounds were equally effective in symptom control and better than placebo. The incidence of drowsiness was terfenadine one, placebo two and chlorpheniramine eleven. One terfenadine patient suffered severe headache (*Practitioner*, 1982, 226, 347).

Oxatomide (Tinset) is an antihistamine with a dual action; firstly it inhibits the release of allergic mediators from sensitised mast cells, and secondly it antagonises the action of histamine, serotonin (5-hydroxytryptamine) and the slow reacting substance. Drowsiness is a side effect of oxatomide but is somewhat less than that induced by chlorpheniramine. Adult dosage is one 30mg tablet twice daily increased if necessary, while for children of 5-14 years half to one tablet is advised. The customary antihistamine warning is necessary for oxatomide.

Centrally acting drugs

It is now clear that the benzodiazepines are not as innocent of unwanted effects as originally believed. Their long-term use carries the risk of addiction, and may also cause drowsiness, lethargy and unsteadiness in some. Withdrawal symptoms, eg depression, anxiety, sleeplessness, loss of appetite, muscle twitching, focussing difficulties, etc have been reported. These have not however prevented the recent introduction of several new agents to this group. It would seem that any further products of this type must offer clear advantages over those already existing.

Prazepam (Centrax) is offered as a long acting anxiolytic with minimal sedative effect. Prazepam itself has little or no activity, its action being due to a rapidly produced metabolite, desmethyldiazepam, which has a half-life of 60 hours (this metabolite is common to diazepam, clorazepate and ketazolam). Centrax is supplied as tablets of 10mg with a dosage of 30mg per day in divided doses — a maximum of 60mg a day may be given.

Bromazepam (Lexotan) is an anxiolytic with a half-life of 16 hours for the short term treatment of anxiety and associated conditions. Dosage is 3-6mg thrice daily, increased up to 60mg per day in very severe cases. It is supplied as pink hexagonal tablets containing 3mg of

active drug. Flunitrazepam (Rohypnol) is an anxiolytic with a half-life of 22 hours for the short term treatment of insomnia. It is available as purple film-coated, diamond shape tablets containing 1mg; the recommended dosage is 0.5-1mg at bedtime. The dose may be increased up to 2mg in difficult cases.

Alprazolam is a benzodiazepine with both anxiolytic and antidepressant actions at present being evaluated in patients suffering with mixed anxiety/depression. It is believed that the drug has an intrinsic antidepressant effect which may be useful in the management of true depressive states.

For the treatment of major depressive states zimelidine (Zelmid) has been marketed. The claim is made that zimelidine, unlike the tricyclic antidepressants, has only weak anticholinergic properties so that side effects such as dry mouth, blurring of vision, constipation and urinary retention are minimal. Zimelidine has a selective protecting effect on the action of serotonin, one of the neurotransmitters involved in the aetiology of depression. The drug blocks the re-uptake of serotonin at central synapses thus extending its availability for action on post-synaptic receptors.

In clinical trials zimelidine has been shown to be comparable with amitriptyline in severe depressive states. Its action is due to the metabolite norzimelidine which has a half-life of about 17 hours allowing the drug to be given once daily in a dosage of 200mg increased to 300mg in unresponsive cases. Patients over 65 are advised to take 100mg per day as they may have a reduced eliminatory capacity. Care is needed in using zimelidine in patients with uncontrolled epilepsy, while close monitoring of its use in those with hepatic, renal or cardiac insufficiency, recent myocardial infarction, heart block or arrhythmias is needed, likewise in elderly or debilitated subjects. Zelmid is supplied as white film-coated tablets containing 100mg and 200mg.

The search for a potent analgesic minus the depressing effect on respiration

of the opioids continues. Clinical trials with meptazinol have been reported. This substance appears to have two modes of action; firstly a weak binding effect with opiate receptors, and secondly an action on cholinergic receptors. So far meptazinol appears to be reasonably free from respiratory depression while its potency by parenteral administration is comparable with that of pethidine.

Synthetic analogues of the endogenous opioids are also being studied. The clinical trial of one such compound, metkephamid acetate, has demonstrated that 70mg of this agent has greater analgesic efficacy than 100mg of pethidine in post-operative pain. Side effects differ somewhat from the standard narcotics suggesting that metkephamid has differing pharmacological properties.

The on/off syndrome experienced by patients with parkinsonism treated with long term levodopa is believed to be due to disease progression and increased production of monoamine oxidase-B (MAO-B), which is the enzyme responsible for the metabolism of dopamine in the brain. A MAO-B inhibitor, namely selegiline (Eldepryl) is now available. It produces a smoother response in about 50 per cent of patients suffering the on/off syndrome induced by levodopa. The drug is given initially in a dose of 5mg in the morning which can be increased to 10mg if symptoms are severe or unresponsive. A metabolite of selegiline is amphetamine which may cause agitation confusion and insomnia. Hypotension is another side effect.

Obstetrics and gynaecology

The prostaglandins have been in use for some time for the induction of labour by oral and intravenous administration of dinoprostone (Prostin E2), however oral ingestion may cause gastrointestinal side effects, while parenteral injection demands the occupation of a hospital bed. Vaginal administration has been difficult because of the instability of

extemporaneously prepared pessaries, now a vaginal tablet has become available as Prostin E2 vaginal tablets, each containing dinoprostone 3mg. For the induction of labour a tablet is inserted high into the posterior fornix, with the dose repeated 6-8 hours later if labour has not been established. The tablets have a life of two years when stored at 4°C.

An oral contraceptive containing new progestogen, desogestrel, has been marketed as Marvelon. Each tablet of the product contains ethinyloestradiol 30mcg and desogestrel 150mcg. Desogestrel has a low androgenic effect which in turn lowers the high density lipoprotein (HDL) level and raises the low density lipoprotein (LDL). This modification of the HDL/LDL ratio results in a possible reduction of risk of vascular disease by removal of cholesterol from the arterial wall. The lack of androgenicity associated with the combined oral contraceptives results in the absence of acne, hirsutism and weight gain. Some years will be needed to demonstrate the claimed advantages of Marvelon over other contraceptives.

A contraceptive given once monthly is at present being studied; it is an anti-progesterone with the research number RU-486. The drug has also been used successfully as a method of abortion. A dose of 400mg daily for four days was given to 11 women six to eight weeks pregnant resulting in nine successes, the two failures were attributed to late treatment. Several years of clinical study will be required before this substance nears the marketing stage. ■

Advances in Therapy will be concluded next week, when the areas covered will include anti-infectives, the endocrine system, antineoplastic therapy, and musculoskeletal diseases.

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Logo controversy rumbles on

The Pharmaceutical Society's Council decided at this month's meeting that the commissioned visual identity scheme proposals for a corporate symbol for pharmacy should be considered at a meeting of the whole Council, rather than given preliminary consideration only by a small working group.

The Organisation Committee heard that arrangements were proceeding regarding the submission to the Society of the first stage of design proposals. The director of public relations, Mr P. Paul, had suggested that the three designers should each make a personal presentation of their proposals either to the Committee or to a working group appointed by the Committee.

The Committee recommended that a working group comprising Mr M. Gordon, Dr T. G. Booth and Dr D. H. Maddock should be convened to discuss design proposals with a view to making recommendations. During the full Council meeting Mr D. Sharpe asked whether it was correct to assume that only the working group would see the three designers, and that they would choose one design for submission to the Organisation Committee and subsequently to the Council.

Mr Gordon replied that the three named people would see the designs and give their views to the Committee, which would then make a recommendation to Council. To add an extra two hours' work to the Committee and the Council would be a waste of time.

Mr Sharpe recalled that at the November meeting there had been controversy about the idea as a whole,

and in his view it would be worthwhile for Council to see the three presentations. Inevitably, each member would have a personal view on the logo and its subsequent use, and for only three people to make a decision on something which was personal to all pharmacists would not be enough. There would be many questions about how the design would be used in the future, and unless the designer was present to answer questions, there would be difficulty. In Mr Sharpe's view, the Council should spend two hours, if necessary, because it was an important matter, and the money would be spent for all time. He therefore moved that the presentations by the three designers should be made at a time convenient for the Council as a whole, and the motion was carried. Mr Darling seconded the motion.

Further Clothier talks

The Society is to hold further discussions with the General Medical Services Committee before approaching the Department of Health with its proposed amendments to the draft Clothier regulations (*C&D* December 4, p1008).

That was decided by the Council after the draft regulations had been considered in detail by the Practice Committee, which proposed a number of amendments. The Committee recommended that discussion should take place with the Department of Health on those proposed amendments.

The Council felt that the GMSC might be prepared to consider a joint approach to the Department on part of the draft regulations. It was therefore agreed that

before approaching the Department discussions should take place with the GMSC on the amendments proposed by the Practice Committee.

Concern over parallel imports

The professional implications of retail pharmacists' involvement in parallel importing are to be considered at the Ethics Committee's next meeting after concern was expressed over its increase.

It was reported that over the past 18 months or so the Society's inspectors had increasingly been involved in the question of parallel imports. The situation had become serious, and many well-known pharmacists were involved.

The Committee noted that the Medicines Act 1968 did not normally allow any import of medicinal product except in accordance with a product licence, or any sale by an importer except in accordance with a product licence. An exemption was made for supply to a registered pharmacy for the purpose of dispensing prescriptions in accordance with a doctor's or dentist's prescription, but only if the importer complied with certain conditions, including notifying the licensing authority of the import and keeping written records. Other exemptions applied in relation to import where the sale or supply was to a doctor or by a hospital or wholesale dealer.

Public relations

The director of public relations, Mr Philip Paul, in his report for November said that the branch public relations officers sometimes had problems in trying to interest local media in the Society's Press releases, because of the difficulty in finding "local angles" for some stories. His department would provide BPROs and regional communications officers, from time to time, with feature articles which they might sign, adding their own views and inviting a discussion where appropriate. The first two such articles, "Your pharmacist — are you really using him?" (dealing with the advice available from community pharmacists) and "Are you harbouring potential killers?" (recommended safe disposal of unwanted medicines, and care in the storage of medicines) had been sent to BPROs and RCOs.

Mr Paul also reported that he had attended meetings with BBC television and TV/AM (independent breakfast television) to explore the possibility of Pharmaceutical Society contributions to future programmes. He had also written to the editor of the BBC's breakfast time television programmes to provide information and ask for a meeting to discuss possible programme ideas.

With Mr W. B. Rhodes, assistant secretary, and Mr G. E. Appelbe, head of the Society's law department, Mr Paul had attended a meeting to provide information for a Channel 4 television programme on parallel imports of pharmaceuticals. The programme was to be one of a forty-programme series



"And now your marks for artistic impression. . ."

entitled "For what it's worth". The Society's representatives provided ideas for other pharmaceutical subjects that might be covered during the series.

The Committee decided to take no further action until after discussion of a paper to be produced by the office on the professional implications of pharmacists' involvement.

At the Law Committee meeting, Mr Iles sought advice on the use of imported generic products from abroad, for which a licence had been obtained in Britain. He asked whether the standard of such products could be guaranteed. Mr Appelbe said that standards were a matter for the medicines inspectors of the Department of Health. Before a licence was granted, it was usual for an inspection to be carried out at the manufacturing stage in the country of origin.

□ The Society is to accept proposals from the Companies Registration Office for dealing with applications to register company and business names using the word "chemist" and related "sensitive" words. It was reported to the Legislation Committee that letters had been received from the Companies Registration Office following an approach by the Society. Under the Companies Act 1948 the Department of Trade is to refuse to register any company name considered "undesirable". It had always been policy to submit names containing words such as "chemist", "pharmacy", etc, to the Society, and account had been taken of the Society's advice before names were registered. The new requirements under the Companies Act 1981 were simpler, and gave the Secretary of State power to refuse to register inter alia names using certain "sensitive" words and expressions which would be specified in regulations. However, words such as "chemist" and "pharmacy" would not be included in those regulations because they were already controlled under the Medicines Act 1968. The Companies Registration Office said that it would continue to seek the Society's advice before registering any company names containing any of those words. In the case of the word "chemist", when used in its scientific or industrial sense, reference would also be made to the Royal Society of Chemistry.

□ The Society is to seek a meeting with the appropriate central organisation to which local authority planners may belong, to discuss the matter of planning permission being granted for the conversion of residential property into "dispensaries". The matter was raised at the meeting of the community pharmacy

subcommittee by Mr J. P. Kerr, who asked whether the Society's law department could produce advice to assist pharmacists in opposing, where appropriate, the conversion of private houses into pharmacies. Mr T. P. Astill, director, National Pharmaceutical Association, informed the meeting that the NPA had taken legal advice on the matter, and had produced advice which was available to members on request.

□ The Society is to inform the Home Office that it has no objection to the proposed restrictions on the prescribing of dipipanone to drug addicts only by prescribers holding a licence issued by the Secretary of State. The proposal, recommended by the Advisory Council on the Misuse of Drugs, would entail amending regulations 4(3) of the Misuse of Drugs (Notification of and Supply to Addicts) Regulations 1973, making dipipanone subject to the same control as heroin and cocaine.

□ The Society is to remind the Department of Health of its earlier request for legislation to control the sale of medicinal substances which are exempt from the provisions of the Medicines Act because they are unlicensed and not promoted for medicinal purposes. Mr J. Iles, had noted that a women's magazine was advocating the medicinal use of L-tryptophan, which was not subject to the Medicines Act. Mr Appelbe, head of the Society's law department, explained that many products fell into the same category, in that they were exempt from the provisions of the Medicines Act because the suppliers were not promoting them for medicinal purposes, nor making medicinal claims for them. The Law Committee had considered such products in the past, and the matter had been taken up with the Home Office and the Department of Health, with a view to ensuring that legislation could be amended to deal with the situation. Council agreed that the Department should be reminded of the matter.

□ The Society is to join the Pharmaceutical Services Negotiating Committee in its approach to the Department of Health to ensure that the new 100 unit insulin syringes are included in the Drug Tariff by January 1, 1983. The British Diabetic Association is also to be invited to join in the approach.

□ The Society is to support a proposal that building regulations should include a requirement for a lockable medicine cupboard and a lock on at least one kitchen cupboard. The proposal had been made at a recent meeting of the home and

leisure safety committee of the Royal Society for the Prevention of Accidents, at which Mrs Stone had represented the Society. Support is also to be given to an objection raised at that meeting to a proposed fireworks poster with the caption "Playing with fire!" It was felt that the caption and art work together could convey the opposite message to that desired. The community practice subcommittee is to consider a resolution made at the ROSPA meeting calling for forthcoming legislation on the labelling of household chemical products to include the stipulation that warning labels and directions for use on disinfectant bottles, both glass and plastic, should be "situated externally, but not on the reverse side of the trading label".

□ The secretary and registrar reported that a committee had been appointed to consider the future provision of pharmaceutical education in the University of London. Mr Darling has accepted an invitation to be a member of the committee.

□ It was reported to the Education Committee that the deputy secretary, Mr R. Dickinson, is to visit the Science and Engineering Research Council, at the end of the 1982-83 session, to discuss the new arrangements for the support of pharmaceutical research.

□ The Society is to send a further letter to the Department of Education and Science requesting a change in the Department's further education regulations to allow funding of acceptable alternative education techniques.

□ The Society is to form a working group, consisting of industrial and academic pharmacists, to consider postgraduate courses on pharmaceutical science and technology.

□ The Society is to seek a meeting with representatives of the Proprietary Association of Great Britain and the Association of the British Pharmaceutical Industry to consider the introduction of tamper-resistant containers in the wake of the Tylenol incident in the United States.

□ Mr W. Lund, head of the Society's pharmaceuticals laboratory, is to represent the Society on a working party set up by Mr David Ennals, MP, to consider the possible extension of child-resistant closures to household products. Mr Lund already serves on a similar working party established by Dr Gerard Vaughan, Minister for Consumer Affairs.

□ The British Pharmaceutical Conference is to remain in its current four-day format.

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LETTERS

Logo-wise

Philip Paul's letter has partially reassured me. Perhaps it is the very name "logo" and the hideous and meaningless illustration given fortuitously in the same edition of *C&D* that led me and others to be suspicious.

In my opinion, Council has in the past been unduly influenced by "experts," resulting in wasteful expenditure of members' compulsory subscriptions. Knowing and admiring Philip Paul as I do, may I ask him whether the term "logo" includes equally an emblem such as the NPA's carboy (good) and the National Westminster Bank's (bad).

If these examples come equally under the "logo" designation, let us choose the more graphically symbolic, even at £12,000. If the same does not qualify as a logo can we then delete this ugly word and spend our money with all the expertise implied on a comprehensive symbol which would equally "encompass all forms of communication and require expert design analysis, judgment and specification."

Finally, I am in complete accord with Philip Paul in thinking that this matter and many others arising in Council could be more adequately reported.

K. Jenkins

Burnham Market, Norfolk

Oh no, Mr Paul

Why should the membership wish to pay out £12,000 of their money to a professional "logo" artist without a referendum of the membership? I am in agreement with Xrayser that this would be a year's salary for most pharmacists (if they were lucky!) and not to be wasted on a logo which, I suspect, most of the membership would not sanction. If the PSGB must spend this amount, why not towards the NPA campaign, as Boots have done?

Those who have kept their houses in order (or are about to do so) will not need a logo, but a better publicity campaign to let the public know that they are there, and what they are capable of. I might add that our pharmacy, although in a village, is modern but has a pestle and mortar sign on a wrought-iron support. It is known locally that we are a pharmacy where advice on health may be obtained, without the expenditure of £12,000 — or 38p.

Oh no, Mr Paul, it's our personal and shop retention fees you are putting up, not our reputation. That's high enough.

W.R. Allanson

Burton-on-Trent

Holiday opening

It is regrettable that Boots have seen fit to decree that all their branches shall be open on the officially declared Bank Holiday of Tuesday, December 28.

For many years now private contractors and small branches of the company have agreed their opening and closing arrangements at local level; Boots now appear to be ignoring the views of their fellow contractors and in one decision have turned the clock back 30 years to the days when we all worked totally unsociable hours.

Many pharmacists like myself may wish to reconsider their attitudes when requested by branches of Boots to borrow some weird dispensary item which is not economically stocked by them, and also to review their current opening hours and rota arrangements.

R.B. Harrison
Flint

□ Boots say they are opening in keeping with the arrangements for most shopping centres and consider it would be wrong to close off the pharmacy area, since they believe this is a service the public appreciates having. All other major store groups will be open on the Tuesday.

Medical anti-nuclear

I am sure all pharmacists welcome the recent expression of concern by the Guild of Hospital Pharmacists at the nuclear weapons arms race, though perhaps some would hesitate at the prospect of the kind of action taken by Simone Wilkinson, the director of a Cowes pharmacy, which landed her in prison for her part in the protest against the siting of American controlled cruise missiles at Greenham Common (*C&D* November 27).

Pharmacists wishing to inform themselves of the issues involved, and in particular the medical consequences of nuclear war, can do no better than contact the Medical Campaign Against Nuclear Weapons (MCANW). The campaign is neither party political nor unilateralist and takes the view that nuclear war is a preventable health risk and as such should be campaigned against.

At present MCANW has almost 3,000 health professional members, predominantly doctors of medicine. The campaign would welcome requests for information from pharmacists and can be contacted at 7 Tennison Road, Cambridge CB1 2DG (telephone 0223 313828).

Mark Ashmore

Ashton-under-Lyne

Further education

I read with surprise the report on the local meetings in connection with the NPA advertising campaign suggesting that, and I quote: "There was an overwhelming

impression from all the local meetings of a need for a system of postgraduate education which members would be happy to pay for."

The Pharmaceutical Society's regional committees were established in the main to provide that system of postgraduate education, using funds derived from the DHSS. In collaboration with the schools of pharmacy the committees have provided the opportunity for postgraduate education by arranging evening, weekend and residential courses in many centres throughout the country, and on a wide variety of dates. The educational functions of the regional committees have recently been taken over by the Regional Health Authority Pharmaceutical Postgraduate Education Committees, on which serve representatives of general practice, hospital and academic disciplines within our profession.

The traditional format of formal lectures has recently been supplemented by the postal courses such as those provided by the Distance Teaching Unit at Leicester Polytechnic and other centres.

The response to all these efforts over the past 15 years has been disappointingly small, despite the fact that not only did the members not have to pay but those who attended were eligible for subsistence, travel and locum allowances.

The implication which can be drawn from the report is that the courses have not been relevant to daily practice. It is an easy criticism, but not one borne out by the opinions of those who actually attended the courses. It has always been the purpose of the Sherwood Committee, and remains the purpose of Trent RHA Pharmaceutical Postgraduate Education Committee, to design and support courses which are relevant to practice.

We have a system of postgraduate education. If there is an overwhelming need for it, perhaps we can also look forward to an overwhelming support for it. With such support, and particularly if members *are* willing to pay towards the cost of their continuing education, it should be possible to explore other avenues, for example video or computer programmes, to simplify the process of continuous updating.

Experience, invaluable though that is, is no substitute for knowledge. No-one, least of all the education committees, has a monopoly of that latter commodity. However, in my opinion, it would be profligate to establish a parallel provision for postgraduate education. I am certain that the committees will welcome any suggestions for improving the courses they provide or, perhaps with more immediate effect, an opportunity to convince the majority of pharmacists that the courses they provide are of practical value.

I cannot speak for other committees but, as chairman of the Trent RHA Pharmaceutical Postgraduate Education Committee, I invite any pharmacist who feels that the present continuing education provisions are in any way inadequate or irrelevant to write to me personally with

their suggestions for improving those provisions, for improving the system of publicising the available courses and, above all, for persuading that very large majority who have not participated in those provisions that it is not only worthwhile but professionally necessary. In return I can only promise that all such submissions will be put to the committee.

My initial reaction to the proposed advertising campaign was one of opposition mellowing to distrust. If it is to be accompanied by a greater awareness of the need for the process of continuing education, by a greater participation in that process of updating, then it may yet prove to have a greater impact and benefit to the profession than was ever envisaged when the campaign was proposed.

Gerald K. Benton

G.K. & J. Benton

Bardney, Lincoln LN3 5SS.

CDs – dual standards

Before retiring into hibernation, I must make mention of a series of recent occurrences. In the space of a fortnight, I have heard of three burglaries in dispensing doctor surgeries.

In each case the thieves had free run of the place — gaining access via the outer door which was left unlocked for patients to collect medicines and prescriptions. They then had the opportunity to work undisturbed on the inner door or hatch. The Controlled Drugs were in wooden cupboards so they did not even have to lever a cabinet off the wall and, of course, there was a bonus of prescription cash lying about (which will possibly not be recoverable by the FPC).

I am well aware that pharmacies are frequent targets for break-ins but at least most have better security arrangements. In fact I heard of one recently where a vandal who smashed a window was apprehended by the police thanks to a silent direct-alarm system.

Once again we have evidence of dual standards applied to medicines by dispensing doctors and pharmacists and it is high time steps were taken to improve the situation.

Squirrel Nutkin

Rural sickener

It was sickening to read in your leading article last week of the views put forward in *Dispensing Doctor*. It has been said

“there are lies, damned lies and statistics” and of course the latter can be shown to prove the demise of urban pharmacies through leapfrogging etc. However, there is no doubt that the demise of rural pharmacies is not due to these factors at all, but that one of the largest contributing factors is doctor dispensing.

I fully realise that these are extremists' views put forward to promote the idea of the magazine, but nevertheless they should be heeded by all pharmacists. As the Rural Pharmacist Association has been saying, “Today the country, tomorrow the town.” So I would urge all in community pharmacy to support the RPA in its endeavour to destroy the credibility of such views.

Let us hope, however, that the views expressed by Dr John Lewis of the General Medical Services Committee on the Clothier negotiations are those of the majority of GPs (*C&D*, December 4, p1008) and that we can start to make some progress.

Finally, if you are a rural pharmacist, you need the RPA and the RPA needs you. If you are not already a member, make the January weekend your first meeting.

Roger King

Hedon, Hull

Dispensing costs

Your editorial “Comment” on November 27 reports Lord Winstanley (Liberal) making public the news that dispensing by pharmacists and doctors is much more expensive than dispensing through hospitals.

The most significant factor which could substantiate his lordship's claim arrived in my post the same day as your publication. I received invoices from a major international drug manufacturer which had inadvertently included a hospital invoice with my own. I was amazed to find that the hospital was being charged less than half the cost to community pharmacy.

The drugs involved were long established products so “hospital trial” could not be the reason for low cost. Neither could bulk quantity be the reason, since our order was over six times the value.

The cost of drugs and appliances accounts for over 80 per cent of the total sums payable to community pharmacy. Has Lord Winstanley taken these differing costs into consideration? He

must surely realise that if drug distribution through hospitals increased substantially, the manufacturers could not continue to supply them on the same low-cost basis.

I concur with you that the noble Lord has not done his calculations.

J.B. Ewart

Norwich

WESTMINSTER REPORT

Starch blockers

Some starch blockers available in Great Britain are licensable products within the meaning of the Medicines Act, and appropriate enforcement action is being taken, Mr Geoffrey Finsberg said in the Commons last week. However, he was not aware of any scientific evidence suggesting that products containing starch-blocking agents were a likely cause of serious adverse effect upon consumers. The Department of Health has so far not named any products involved.

Drug substitution

Generic products are used to fill prescriptions in hospitals only in circumstances agreed between the medical and pharmaceutical staff concerned, Mr Geoffrey Finsberg, Under Secretary for Health, told Mr Mike Thomas (SDP), who had asked whether there had been any problems of equivalence, differing quality, or liability for alleged damage resulting from the use of generics.

“Substitution will not take place in cases where there are doubts about bio-equivalence or differing quality,” Mr Finsberg said. Mr Thomas also asked whether the speech made by Dr Wills, DHSS chief pharmacist, at the Institute of Pharmacy Management conference in Malta, represented Government policy on drug substitution. Mr Finsberg replied that the issue was kept under review.

□ The Government recovered £718,000 in 1981-2 from pharmaceutical manufacturers for excess profits under the Pharmaceutical Price Regulation Scheme, Mr Kenneth Clarke, Minister for Health, said in the Commons this week.

Macarthy's Limited

Wish to congratulate Irene Jackson of Brunts Chemists, Brandon, Suffolk, on winning the title of *C&D* Chemist Assistant of the Year. Congratulations also to Ann Bennett of Davis Chemists, Stroud Road, Gloucester, who was placed third.

Roche cosmetic division goes to Richardson Vick

Richardson Vick are to take over the activities of the Pantene group, Roche's cosmetic division, on January 1, 1983. The Pantene group markets cosmetic products worldwide — UK lines include Moncler Derma skin care products and the Eversun sun care range.

The deal, between F. Hoffman-La Roche in Switzerland and Richardson Vick in the USA, covers all of the trade marks and products of the Pantene group. Little is known of the details of the transfer.

No major changes in marketing, promotion or distribution are envisaged. The agents who distribute the products for Roche will continue to do so, says Mr Peter Nicholson of Richardson Vick. The company sees the addition of the Pantene group as broadening its base in the personal care products market. Moncler

Derma will complement Richardson Vick's existing skin care range, which includes Clearasil, Topex and Biactol.

Roche will continue to supply active ingredients and other services for the cosmetic industry through its other divisions. The company also says that its withdrawal from the cosmetic sector does not affect its commitment to dermatological research. Work in this field will continue, especially since new products containing retinoids have been successfully launched.

Roche and Richardson Vick have also announced an agreement which will allow the latter to develop and market Roche compounds which both agree would be suitable for over-the-counter marketing by Richardson Vick.

Continued opposition to Sunday trading

Conservative MP Ray Whitney's private member's Bill on Sunday trading (*C&D* last week) has met with a largely negative response from the trade.

The Bill has been strongly opposed by the Retail Consortium — who represent 90 per cent of the retail trade. "A controversial private member's Bill, subject to Parliamentary manipulation and filibustering, is not the best way of getting a proper assessment of these important questions which affect the lives of every citizen," they said.

NCT protest

The National Chamber of Trade has appealed to its members to register immediate protest with their MPs. The NCT is preparing a Bill of its own which would allow trading on Sunday where the majority of traders in the area agreed, but impose a maximum limit on the weekly hours of opening, so avoiding a "free for all".

Mr Whitney — whose Bill is expected to get a second reading in the Commons on February 4 — has, however, received full backing from the National Consumer Council. Mr Maurice Healy, head of the consumer policy unit, told *C&D*: "We are delighted that he's doing."

Shop workers' union USDAW intend to fight the Bill, and have called for "a more realistic assessment of the law". John Flood, deputy general secretary of the union, has expressed some surprise that Ray Whitney now appears so

confident regarding his Bill. Mr Flood claims that, until very recently, Mr Whitney was telling USDAW that he remained uncertain of the social and economic implications of such a Bill, and gave the impression that he was by no means sure he wished to take it up.

'Well on target'

Meanwhile, USDAW's working party report on Sunday trading is said to be "well on target". The first draft has now been completed, and a second draft should be with the union's executive committee on Monday. The final report is expected to be ready for presentation to USDAW members in time for the second reading of Mr Whitney's Bill. A secret ballot setting out options for action will then be conducted among the national membership, in time for the annual policy-making conference in April 1983. The report is to contain no party political content, as this is felt to be an issue which crosses normal party lines.

USDAW believe the Government's refusal to act in its own right shows a lack of political courage, and have suggested that this reluctance may be attributable to a fear of what deregulation will bring. Leaving the matter to a private member's Bill will once again ensure the decision is reached by Parliamentary tactics alone, they argue.

□ As *C&D* went to Press, MPs Tim Sainsbury, Ted Graham and John Roper of the All Party Retail Group were meeting with the Home Secretary. They see this as "perhaps the last opportunity" to persuade Mr Whitelaw that a full inquiry should be carried out before any change in the law is made.

Tylenol — a long road back

Johnson & Johnson have started the daunting task of re-establishing Tylenol capsules in the US analgesic market. "We think it will take a long time to regain our market share," they say.

Only the capsule presentation was withdrawn from sale, and the company is relaunching it with a "triple-sealed tamper resistant package," and much explanation to retailers. The new pack consists of a bottle in a sealed cardboard box. The bottle has a plastic seal about the neck and an inner foil seal over the mouth.

... 75 pc will buy again

Market research has shown that 75 per cent of the product's original buyers are now prepared to buy again. "It is a long term plan to offer a greater degree of safety sealing on all medicines," say J&J.

The company is also offering \$2.50 coupons towards the purchase of any Tylenol product in a move to recompense any customers who destroyed capsules during the scare. J&J wrote off \$100m pre-tax against third quarter earnings in respect of the affair, reports the *Financial Times*, and the issue of some 40 million free coupons is not going to help the balance sheet.

The affair has opened up new markets for the packaging industry. The Food and Drugs Administration has already agreed safety guidelines with the US pharmaceutical industry.

Lagap to leave generic market?

Lagap Pharmaceuticals, who took over the rights on Triperidol from Janssen last week, are hoping to move out of the generic market. Mr Tom Kelso, sales manager, says the company has another branded product lined up for transfer in the New Year.

Lagap is affiliated to a Swiss company of the same name, based in Lugano. The UK company was registered mid-1981 and started trading this Summer with a range of generic products going through hospitals. No manufacturing facilities are planned — Triperidol is still being manufactured by Janssen.

Computer insurance

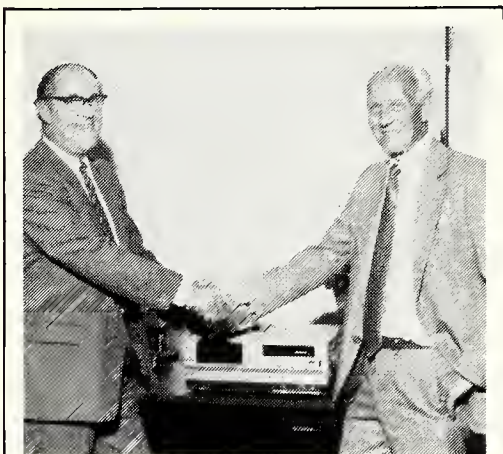
A computer insurance scheme which allows for the cost of reconstituting any records destroyed, together with any resulting loss of profit, is being marketed by Wigham Poland Ltd. Called Computrisk, the cover is underwritten at Lloyds.

Most types of computer installation can be catered for, says the company, with cover extending well beyond that normally available. Cover can be granted immediately without the completion of

proposal forms — although survey by a WP engineer may be required later.

In addition to the basic all-risks of loss or damage to hardware or media, the policy includes: reinstatement as new on all equipment up to five years old; automatic cover for additional equipment and equipment during transit; loss resulting from malicious interference with software; costs resulting in loss or damage or denial of access to equipment, and loss resulting from failure of telephones or power supplies.

For an Apple II (cost £2,500) with assorted media (£200), with reconstitution of records insured for £750 and increased working costs for £800, the premium is estimated at £25. *Compu-risk department, Wigham Poland Ltd, Wigham House, Wakering Road, Barking, Essex.*



Mr A. Boagey, BSc (Pharm), retired recently after 40 years in the pharmaceutical industry, 24 of which were spent at Marfleet Refining Co Ltd. Mr Boagey (right) is pictured receiving a video recorder from deputy chairman, Mr Stuart Reed.

Retail sales

The final seasonally adjusted index of the volume of retail sales in October was 109.2 (1978 = 100), maintaining the high level of recent months, says the Department of Trade.

Briefly...

■ **Elida Gibbs** are back in production after a fire destroyed a large part of their aerosol packing department at the Seacroft Industrial Estate, Leeds, factory last week. They anticipate no difficulty in meeting orders.

■ **Unichem's** Walthamstow branch has been extended to supply both medical and

counter products to members in east and central London, the Home Counties and East Anglia. The new 37,500 sq ft warehouse is fitted with the latest "live-storage" equipment and from January will provide twice-daily deliveries.

■ **Radiol Chemicals Ltd:** from January 1 Radiol Chemicals will merge their ethical and OTC sales forces. The new medical sales force will be called Rorer Pharmaceuticals. Radiol Chemicals are the UK subsidiary of Rorer International (USA). Distribution and invoicing will continue through Radiol Chemicals Ltd.

MARKET NEWS

Prices react again

London, December 7: Many essential oil prices during the past week lost the greater part of the gains which they made in the previous week when the pound sterling slumped to an almost record low against other major currencies.

As the pound began its recovery last week down went the quotations for oils, with a few exceptions — among them Ceylon citronella, Chinese cedarwood and East Indian nutmeg. Spot Chinese cedarwood was again on offer after several weeks' absence. Crude drugs, however, seemed to not only retain their gains but marginally increased them. Shipment rates for Chinese menthol have now almost caught up with those for Brazilian material.

Among pharmaceutical chemicals, paracetamol prices, although steady at the moment, are expected to rise in the near future since prices of imported material from the Far East, which have been depressing the European market, appear to be hardening. Current prices are only on a level obtaining in 1977-78.

Crude drugs

Aloes: Cape £1,524 metric ton, cif. Curacao no spot or cif.
Balsams: (kg) Canada: No spot; £21.60 kg, cif. **Copaiba:** Spot £4.32; £4.60, cif. **Peru:** £9.70 spot; £10.30, cif. **Tolu:** Spot £5.30.
Benzoin: £149 cwt, cif.
Campbor: Natural powder £10.50 kg spot; £10, cif. Synthetic 96% £1.50 spot; £1.18, cif.
Cascara: £1,385 metric ton spot; £1,507, cif.
Cherry bark: No spot; £1,753 metric ton, cif.
Dandelion: No spot; £3,233 metric ton, cif.
Gentian root: No spot; £2,779 metric ton, cif.
Henbane: Niger £1,602; metric ton spot; £1,705, cif.
Hydrastis: Spot £15.87 kg; £17.20, cif.
Kola nuts: £232 metric ton spot; £257, cif.
Liquorice: Root, £643 metric ton spot; £696, cif. Block juice £1,400 metric ton spot; spray-dried powder £1,900.
Menthol: (kg) Brazilian £7.10 spot; £6.80, cif. Chinese £6.90 spot; £6.75, cif.
Pepper: (metric ton) Sarawak black £1,000 spot, \$1,500, cif; white £1,525 spot; \$1,850, cif.
Sarsaparilla: £3,589 metric ton, cif.

Seeds: (metric ton, cif). **Anise:** China star £2,350. **Celery:** Indian £800. **Coriander:** Moroccan £550. **Cumin:** Indian £1,400. **Fennel:** Indian £1,900. **Fenugreek:** Turkish £285; Indian £365.
Senega: Canadian £11.37 kg, cif; no spot.

Essential oils

Anise: (kg) Spot £12.50; £11.65, cif.
Bay: West Indian £12.90 kg spot; £12.50, cif.
Campbor: White £1.20 kg spot; £1.09, cif.
Cananga: No spot; £25.50 kg, cif.
Cedarwood: Chinese £4.20 kg spot; £4.26, cif.
Cinnamon: Ceylon £3.60 kg spot; £3.55, cif; bark English-distilled, £155.
Citronella: Ceylon £2.10 kg spot and cif. Chinese £3.25 spot; £3.20, cif.
Clove: Indonesian leaf £2.45 kg spot; £2.40, cif. English distilled bud £57 spot.
Eucalyptus: Chinese £3.18 kg spot; £2.95, cif.
Ginger: Chinese No offers spot; £24.25 kg, cif. English, distilled (ex W. African root) £67.50; ex Indian £73.
Nutmeg: East Indian £9.25 kg spot; £7.17, cif. English distilled £15.
Peppermint: (kg) Arvensis — Brazilian £7.75 spot; £7.60, cif. Chinese £3.95 spot; £4.15, cif. American piperata £13.50.
Sandalwood: Mysore £67.50 kg spot. East Indian £65 kg spot.
Spearmint: Chinese £9.40 kg spot; £9.10, cif. American from £15.75 spot.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include Value Added Tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Monday, December 13

Plymouth Branch, Pharmaceutical Society, Derriford Board Room, at 8pm. Dr G. Drew, pharmacist information officer, Derriford Hospital, on "Drug information."
Southampton Branch, Pharmaceutical Society, King John's House, Romsey, at 7.30pm. Social evening.

Tuesday, December 14

Lanarkshire Branch, Pharmaceutical Society, Divisional Police HQ, Motherwell, at 7.30pm. Det Insp D.S.C. Rodgers, Inspector Stallard and Alan Davidson, pharmacy inspector, on "The misuse and security of drugs."
South East Metropolitan Branch, Pharmaceutical Society, Lewisham medical centre, Lewisham Hospital, High Street, London SE13 at 8pm. Dr J. Trethewey on "Home wines and beers."
Slough Branch, Pharmaceutical Society, Wexham Park Hospital, Slough, at 8pm. Dr R.N. Boyes, director of research, Astra Pharmaceuticals, on "New developments in the therapy of depression."

Wednesday, December 15

Epsom Branch, Pharmaceutical Society, Bradbury Postgraduate medical centre, Epsom District Hospital, at 7.45pm. Mr K. Jenkins on "Reflections of a country pharmacist."

Thursday, December 16

Harrogate Branch, Pharmaceutical Society, Postgraduate centre, Harrogate General Hospital, at 7.30pm. Film from Fisons Ltd — "A breath of fresh air" followed by talk by Dr Cameron, consultant physician. Buffet.

Advance Information

Pharmaceutical Society and Royal Society of Chemistry, Scientific Societies' lecture theatre, Savile Row, London W1, on January 20 at 2pm. "Chemical Properties and drug discovery," including Tilden Lecture — Dynamic structure activity analysis in drug discovery" by Dr C.R. Ganellin. Supporting lectures by Dr C.R. Beddell, Dr S.F. Campbell and Dr A.F. Marchington.
Analytical Division, Royal Society of Chemistry, Chemistry Department, University of Aberdeen, Old Aberdeen, on February 24 at 4.15pm. Dr P. Aggett, University of Aberdeen, on "Factors affecting the bioavailability of trace elements."
Analytical Division, Royal Society of Chemistry, Main Building, Trent Polytechnic, Clifton Lane, Clifton, Nottingham, on January 26 at 6.30pm. Mr D.A. Dean, consumer products development, Fison's Pharmaceuticals, on "Packaging." Lecture followed by wine & cheese buffet (£2 per head). Details from Miss P.E. Hutchinson, Royal Society of Chemistry, Burlington House, London W1V 0BN.
Professor Moore Memorial Lecture, University of Bradford, on March 3 at 6.30pm. Dr K.H. Fantes, Wellcome Research Laboratories, on "Interferon, an update." Admission tickets and details from Registrar, University of Bradford, Bradford.

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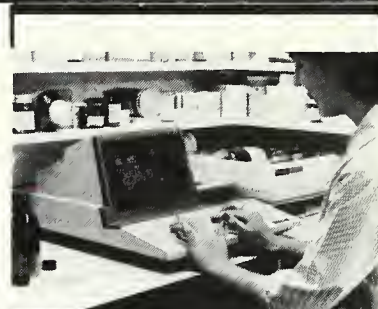


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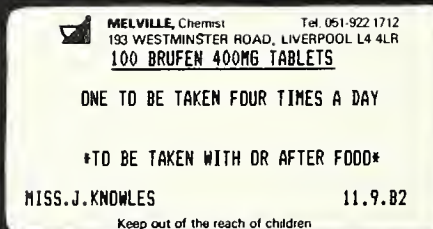
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BEECHAM PROPRIETARIES

**Prices effective from
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Product Description	Sales Status	Retail Price per Unit Incl. VAT	Units per Case	Standard Wholesale Price Per Case Excl. VAT
		Pence		£
ALL FRESH Clean up Squares (10 Tissues)	—	65	12	5.18
ALL FRESH Baby Bottom Wipes (10 Tissues)	—	65	12	5.18
A & P INFANTS POWDERS (20 Powders)	GSL	65	6	2.59
DIOCALM Standard (48 Tablets) Family Pack (88 Tablets)	PCDI PCDI	119 195	12 6	9.49 7.77
FYNNON SALT	GSL	77	12	6.14
FYNNON CALCIUM ASPIRIN Standard Strip (24 Tablets) Large Strip (48 Tablets)	P P	80 126	12 6	6.38 5.02
GERMOLENE Standard Tin (25g) Large Tin (70g) Tube (27g) Medicated Foot Spray (120g) Medicated Plasters New Skin (13 ml)	GSL GSL GSL GSL — —	65 115 65 106 68 81	12 6 12 6 12 6	5.18 4.58 5.18 4.23 5.42 3.23
GERMOLOIDS Suppositories Standard (12) Suppositories Large (24) Ointment Tube (25g) Toilet Tissues (10 Tissues)	GSL GSL GSL —	96 170 96 86	12 3 12 6	7.65 3.39 7.65 3.43
IRON JELLOIDS Standard (90 Tablets) Large (160 Tablets)	P P	140 225	6 3	5.58 4.48
NAPPICARE Standard (240 ml) Large (520 ml)	— —	83 160	12 6	6.50 6.26
PHOSFERINE Tablets Standard Tablets Large Liquid Large	GSL GSL GSL	70 120 120	12 6 6	5.58 4.78 4.78
PHYLLOSAN Standard (60 Tablets) Medium (110 Tablets) Large (250 Tablets)	GSL GSL GSL	120 185 350	6 4 1	4.78 4.92 2.33
SCOTT'S EMULSION Medium (225 ml) Large (450 ml)	P P	185 333	6 6	7.24 13.03
STEEDMANS Teething Jelly	P	86	12	6.73
YEAST-VITE Standard (20 Tablets) Large (50 Tablets)	GSL GSL	71 128	12 6	5.66 5.10

All Case Forms subject to the addition of 15% Value Added Tax.

All above prices are Resale Price Maintained except where Sales status is indicated by '—'.

GSL: Medicine For General Sale. Wholesalers must hold a Wholesale Dealers Licence (Medicines Act, 1968).

P: Sale is restricted to persons lawfully conducting a Retail Pharmacy business or to holders of a Wholesale Dealers Licence (Medicines Act, 1968) for sale to the lawful conductor of a retail pharmacy.

PCDI: Sale is restricted as 'P' above but Wholesale Dealers must also be registered under Schedule 1 of the Misuse of Drugs Regulation 1973.

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